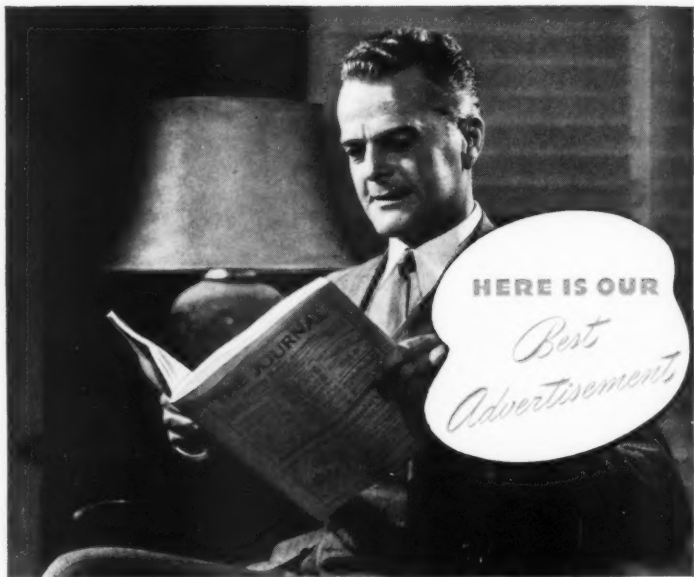


Medical Economics





Our best advertisement never will be written—because "our best advertisement" is the doctor who has fed his own children S-M-A!*

We, like the medical profession, have little use for average testimonials. But, simply as a guide to physicians who may not be familiar with S-M-A, we quote the following facts established by a recent survey:†

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Medical Economics

THE BUSINESS MAGAZINE OF



THE MEDICAL PROFESSION

JUNE 1942

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H. Sheridan Baketel, A.M., M.D., Editor. William Alan Richardson,
Managing Editor. F. H. Rowsome Jr., Associate Editor.

Lansing Chapman, Publisher. Russell H. Babb, Advertising Manager.

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Because of its high glycerine content and other medications, ANTIPHLOGISTINE will soften the surrounding induration, remove crusts and scales. Also it will inhibit secondary invaders and improve the local blood supply.

Repeated applications of

comfortably warm ANTIPHLOGISTINE bring about a clean appearance of the ulcer—a general improvement in the surrounding tissues.

Of course, the etiology of the ulcer should be ascertained and, if possible, the underlying cause treated. But the type of local application is very important. ANTIPHLOGISTINE now comes in modern tubes for your greater convenience.

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Formula: Chemically pure Glycerine 45.000%
Iodine 0.01%, Boric Acid 0.1%, Salicylic Acid 0.02%, Oil of Wintergreen 0.002%, Oil of Peppermint 0.002%, Oil of Eucalyptus 0.002%, Kaolin Dehydrated 54.864%.

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B-D ERUSTO
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HIGHLY RUST-RESISTANT

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Speaking Frankly

G.P.'s and the War

It has occurred to me that before very long the specialist who remains in civilian practice may be expected to do general practice. The practices of civilian doctors will grow so large that men who have limited themselves to one field for years will have to help out.

I believe this will have both a good and a bad side. The bad side is that unless specialists start to brush up a little on general medicine, the quality of medical care may conceivably suffer. The good side is that many men within the subdivisions of our profession will learn to know the problems and viewpoints of others.

M.D., Pennsylvania

Unfit First Aiders

I agree with your "Sidelight" about the indiscriminate training of first aiders. I have trained four classes of them this past Winter, and I believe that what should be done is to make some kind of distinction between those who are capable of real service in times of public danger, and those who are not.

I do not see how we can refuse to give a passing grade to a person who really knows his lessons. But those who are crippled, diseased, or physically and emotionally unsuited should be put in a different class from the strong and capable. In fact, I sometimes think that we physicians should be allowed to classify our first aid students into three classes: (1) those who are both intelligent and capable; (2) those who are intelligent but physically or mentally handicapped; and (3) those who should never have been allowed to take the course.

W. S. Bartholomew, M.D.
Lebanon, Neb.

War Experience

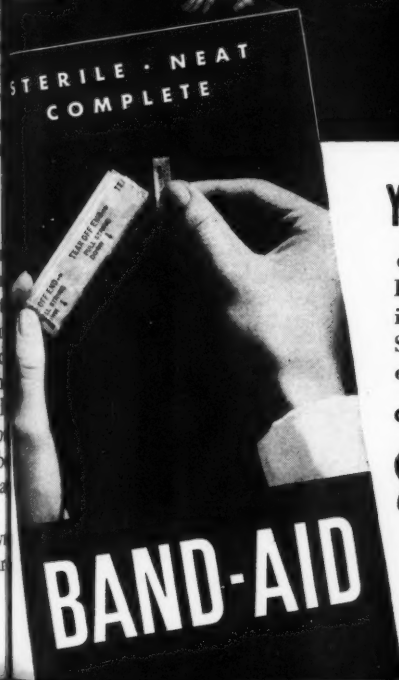
Those of us who were in the last war know only too well the truth of that recent "Sidelight" which denied that war is a valuable training ground for individual physicians. But though the training itself usually has little technical value, the impression that it benefits a doctor can be very useful to him. Here's what I mean:

An internist from my town went into the medical corps during

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ing the last war. On his return he announced that he had learned a lot and was twice the doctor he had been before going. People believed him and flocked to his office.

M.D., Indiana

Free Exam Plan

At first glance, the plan of giving free health exams, as proposed by "M.D., New York" in your May issue, seems all right—but it's not a sound idea.

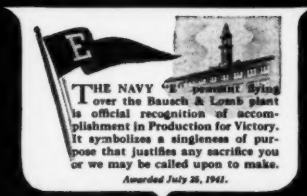
To begin with, patients would be suspicious. They would come to the conclusion that physicians were offering the examinations without charge as a device to bring patients into their offices. The plan would probably lower the profession's prestige; it smacks too much of pure solicitation. The most ungrateful patient is always the one you treat for nothing.

I'll concede that if physical examinations were more widely given, great preventive benefits might result. But no central records would be kept, and all findings would be hidden. The statistical value would never show up.

M.D., California

Something For Nothing

I believe that the free health examination proposal is an attractive idea, but I'm not so sure it would work out well. Doctors with easy ethics would find a lot wrong with their patients pretty damn quick. And even among



Confidence Rides With The Dawn Patrol

WHEN the bombers of the Atlantic Patrol thunder into the dawn, their pilots look ahead with confidence—confidence born of faith in their machines and the fuel that drives their motors. American fuels, like American planes, are built to bring back safely those who fly.

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the rest of us, the fact that no payment would be expected might mean that the exams would be more or less casual. The point is demonstrated every day at the clinics.

Certainly some patients would grab at the chance of getting something for nothing, but they are mostly the kind who would not pay for treatment of conditions uncovered by the examination. Furthermore, a doctor would have no guarantee that, after he had made the examination, his patient would allow him to do the necessary corrective work.

M.D., Ohio

Snakes

I was entertained by your May "Sidelight" on the controversy over the Aesculapian snake and staff versus the two-snaked Caduceus. You may be interested to see what a local paper [the St. Paul Pioneer Press] had to say on the subject.

"In the eighteenth century, the British Medical Association adopted two snakes and a staff as its trademark, oblivious of the fact that it was the badge of Hermes, the god of cunning, trickery, and theft. One of his jobs was to conduct the souls of the dead to Hades.

"The American Medical Association inherited this state of affairs from Britain and it was not corrected until the nineteenth century, when the single snake and staff of Hippocrates was adopted. Various State medical

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times of peace, The Baum Company diligently developed a degree of skill and craftsmanship which are priceless assets in this hour of national emergency.

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Absorbent and PETAL SOFT for comfort—for smiles instead of tears—and durable for economy. And they are now available at better stores everywhere.

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Samples sent on request



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PACKAGE

George Wood, Sons & Co.
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associations took longer to make the change. In the army, where things move a little more slowly, two snakes and a staff still form the insignia of the medical corps."

M.D., Minnesota

Air-Raid Drills

I thoroughly agree with your "Sidelight" which points out that some emergency medical services are holding too few practice drills. In my community we've held several, and each time we have uncovered some potentially serious defects. For example:

In our set-up, one doctor at each casualty station is responsible for assembling the personnel in his group when the alert sounds. During our first practice drills several of these key physicians were out of town and had left no alternate to take over. This negligence balled things up considerably and could have been serious in an actual raid.

Another defect revealed through trial drills was the improper or inadequate tagging of casualties—something which is of course highly important to avoid duplicate dosage and treatment. We have also discovered that most physicians know very little about the proper handling of gas casualties.

Some emergency medical defense units that I have heard of don't even have access to a blood bank. When the real test comes, plasma is going to be a necessity, since shock has proven to be the biggest problem in treating air-

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SEND FOR REPRINT of an important contribution to medical literature—"The Cigarette, The Soldier, and The Physician," The Military Surgeon, July, 1941—revealing many new angles about smoking. Write Camel Cigarettes, Medical Relations Division, 1 Pershing Square, New York City.

Camel

THE CIGARETTE OF COSTLIER TOBACCOS



Blurred vision and lacrimation caused by pollen irritation, as well as the incessant attacks of sneezing, interfere greatly with the working capacity and recreation of the hay fever patient. Cumulative experience has shown that rapid and complete relief is obtainable during the entire season by the use of Estivin.

One drop in each eye 2 or 3 times daily is generally sufficient to keep the average patient comfortable during the entire hay fever season. In the more severe cases, additional applications whenever the symptoms recur will assure relief throughout the day.

Literature and sample on request



raid casualties. It seems to me that if local hospitals lack the money and facilities to secure plasma, a canvass of the townspeople might be one way to secure money for this indispensable product.

Let's have more drills so that these defects may be discovered and corrected before enemy bombers find us unprepared.

M.D., New Jersey

Temporary Licenses

Most of the younger doctors out here are willing to enter military service. At least we would be willing if our practices could be turned over to physicians who were not eligible for the army's call.

We find, however, that it is next to impossible to get anyone to take our practices at this time. It is my impression that most of us would ask only a reasonable rent for the office and equipment, and would have no thought of expecting any share in the proceeds.

If there are aliens and graduates of class B schools who would be willing to take these practices for the duration, what can we do to help them secure temporary licenses for the duration?

M.D., Oregon

As far as MEDICAL ECONOMICS knows, there is at present no organized move to persuade the various licensing boards to relax their regulations concerning alien physicians and class B gradu-

GRADUAL

Reduction of High Blood Pressure

Many physicians tell of excellent results obtained with ALLIMIN Concentrated Garlic-Parsley Tablets. Their sphygmomanometers record a smooth, gradual lowering of blood pressure within a comparatively short time.

These doctors confirm our own clinical and pharmacological research which showed that ALLIMIN lowers elevated blood pressure—safely, smoothly and gradually and that in almost all cases it provides relief from the distress of hypertensive headaches and dizziness.

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ALLIMIN has been found most effective when given in intermittent courses. The average dose is 2 tablets with water three times daily after meals for three consecutive days,

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- ☐ BROCHURE: "The Hypotensive and Other Therapeutic Properties of ALLIMIN."
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- ☐ PHYSICIAN'S EMBLEM for Auto.

Dr. _____

Address _____

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ates. Basically a State problem, it will presumably be faced by individual groups as the pressure of physician-shortages increases.

Tire Abuse

As I see it, physicians will have to be extremely careful in exercising their privilege of purchasing new automobile tires and tubes. If we're not quick to stamp out any abuse which may crop up, we are certain to suffer a serious loss of public respect. More than that, we will risk incurring Government restrictions so stringent as to make it difficult to secure tires for real needs.

Recently I heard of one doctor who persuaded his local rationing board to grant him a com-

plete new set of tires and tubes on the understanding that his car was used principally in making house calls. As soon as he received the tires, this fellow and his family started on a month-long auto trip. It is to our profession's interest to stop this kind of thing, and to stop it fast.

M.D., Illinois

Postwar Refreshers

Doctors who are not on active duty should give a little thought to the postwar problems which face those of us in the services. One such problem arises from the fact that physicians in the army and navy are going to be out of touch with the everyday work of private practice. It will prob-

Through The Menstrual Years of Life-

THE frequency with which the menstrual life of so many women is marred by functional aberrations that pass the borderline of physiologic limits, emphasizes the importance of an effective tonic and regulator in the practicing physician's armamentarium.

In Ergoapiol (Smith), the action of all the alkaloids of ergot (prepared by hydro-alcoholic extraction) is synergetically enhanced by the presence of apiol, oil of savin, and aloin. Its sustained tonic action on the uterus provides welcome relief by helping to induce local hyperemia, stimulate smooth, rhythmic uterine contractions, and serve as a potent hemostatic agent to control excessive bleeding.

May we send you a copy of the comprehensive booklet "The Symptomatic Treatment of Menstrual Irregularities."

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FORMULA for soothing an "UPSET STOMACH"

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Pepto-Bismol aids in a return to normal digestive conditions, by helping to soothe irritated mucosa of the stomach and intestines, and by inhibiting intestinal fermentation and retarding simple diarrhea.

It is a formula of reason, with a long history of useful service.

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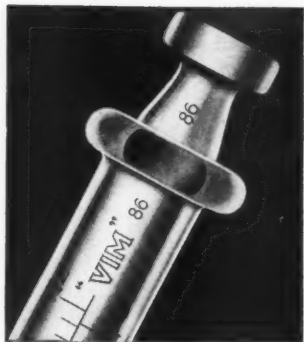
Norwich, New York

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Your surgical dealer has all standard sizes of VIM Syringes. Order them by name: VIM.



ably be necessary for many to take refresher courses before they can re-enter private practice.

Medical schools, particularly those which have a good post-graduate curriculum, should consider increasing their facilities now. If they don't, they will be swamped.

Medical Reserve Officer
Carlisle Barracks, Pa.

The writer is correct in discerning a major postwar problem, but incorrect if he assumes that it is not already under study. Remarked Surgeon General James C. Magee recently:

"Before this war ends we may have from 30,000 to 40,000 doctors in service. Many of them will be removed from direct patient-contact; others will be engaged in work outside their specialty. There will be a great demand on the part of these demobilized officers for professional refresher courses before they resume their civil practices.

"The time, cost, and availability of such courses will be of great concern. I believe if the medical officer knew that training within his reach was under consideration, it would have a sustaining influence on morale."

—THE EDITORS

Pictures in this Issue

Cover, Press Association; pages 39 and 40, U.S. Army Signal Corps; 43, International; 44 and 55, Wide World; 58, William Klemm for MEDICAL ECONOMICS.



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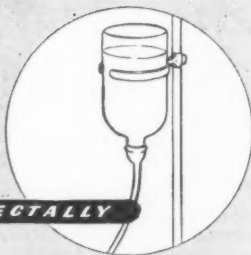
Searle Aminophyllin $1\frac{1}{2}$ gr. tablets (Plain)
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Individual variations in susceptibility to *Rhus toxicodendron* (Poison Ivy) and *Rhus diversiloba* (Poison Oak) appear to be marked and probably depend on skin thickness and sensitiveness at point of contact.

Half the patients examined by Krause and Weidman failed to develop characteristic poison ivy dermatitis following experimental application of the plant to the intact skin, but immunity is probably never absolute. Children are believed more susceptible than adults.¹

A report² describing the use of 'Ivyol' extract for treatment of Rhus dermatitis states that after the first injection "marked improvement was noted . . . Following this treatment

the itching and inflammation promptly subsided." These preparations are 1:1000 solutions of Rhus extract in sterile olive oil to minimize sting or pain on injection.

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1. Sollman, T: A Manual of Pharmacology, p. 220; 4th Ed., W. B.
2. Nolitch, M., and Poliakoff, S: Arch. Dermat & Syph. 136:1000.

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Sidelights

There was a time when the army required an inductee to have at least six masticating and six incisor teeth—all of which met. Today it requires merely that he be able to eat and digest army chow. What we need from now on are enough bridgework mechanics to keep 'em clicking.



"In the last war we took a lot of doctors and made good specialists out of them. In this war, the job is to take a lot of specialists and make good doctors out of them," says Dr. Frank Lahey.

However that may be, there is no doubt that fewer specialists are required in the army and navy than in private practice. The pressing need now is for men for field duty. Most general practitioners under 35 will probably draw this assignment as will a number of specialists whose specialties have no place in the military scene.

A personnel officer in the Office of the Surgeon General of the army remarked on this score last month that "We need doctors to accompany the troops. A number of them obviously must go."

Meanwhile, there's no point in a specialist asking his local recruiting board if he can be sure of continuing to practice his specialty when he gets in the service. The recruiting board has no say in the matter. All it can do is to pass the request along to the Surgeon General's Office, which, of course, will do what it sees fit.



With an eye to the handwriting on the wall, several hospital authorities have remarked that it probably won't be long before the nursing course is cut to two years—perhaps even to a year and a half. Nor, we may add, is it unlikely that the medical course, besides being telescoped by the elimination of vacations, will also be cut.



As the reservoir of civilian doctors is drained by the steady stream of men into the armed services, it becomes necessary for the physician at home to delegate an increasing number of routine tasks to assistants.

A substantial proportion of the work he now does in laboratories,



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x-ray departments, wards, clinics, and dispensaries lends itself to being delegated. But before this is possible, the supply of technicians must be augmented.

Nurses' aides are being trained by the thousands; meanwhile the need for technical assistants is receiving relatively little attention. Many are required, and intensified training must be given to fit them for this important war-time job.



Some 50.3 per cent of the 159,000 physicians who replied to the A.M.A.'s preparedness survey two years ago said they would be willing to enroll for active duty in the event of U.S. entry into the war. It's evident now that they weren't fooling.



The perennial fascination which envelops the man with the little black bag has been bread and butter to yarn-spinners in every medium of expression. In Hollywood emanations, and in the more noble of the ether-borne soap operas, the practitioner is daily resorted to as a convincing vehicle for sweetness and light.

But this halo is no longer to be depended upon. In the less sissified "funnies"—bland sagas of savagery, horror, and sudden death—the doctor is beginning to be cast in the role of a particularly murderous villain. Combining the scientist's esoteric knowledge with the gangster's zest for frac-

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turing the law, this syndicated heavy is a fearsome brute indeed. Sunday mornings, doctors' children throughout the land race goggle-eyed through the cut-throat doings of papa's colleague, Dr. Eldeen (hold to mirror and read Dr. Needle) wondering for days afterward about the shivery possibilities of their own sire's double life.

At this writing, the A.M.A. has taken no steps to deal with the situation.



Last month the War Department publicly deplored the attitude of certain young men in medicine who appear to place their personal training and interests ahead of the war effort. At a joint meeting of the Army Medical Corps and the Procurement and Assignment Service, official fingers were pointed at an unidentified specialist in his thirties who had complained that "If I join the army, I won't be able to become certified by the American Board of Gynecology."

Cheer up, young man! If the

medical corps commissions many others with your spirit there won't *be* any American Board of Gynecology when the war's over.



Much of the current delay in supplying war production areas with adequate medical personnel is traceable directly to State licensing laws.

At least two solutions beckon: One would provide for reasonable relaxation of the laws—perhaps only for the duration—in order that a community in serious need of a doctor might more readily get one. The other solution would provide temporary licenses for physicians awaiting qualification.



To clear up an apparent point of confusion:

Local selective service boards—not the Procurement and Assignment Service—determine a man's draft classification. The procurement service, though it carries substantial weight, plays a strictly advisory role.

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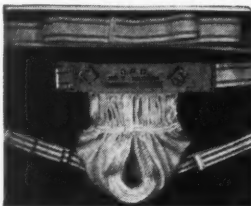
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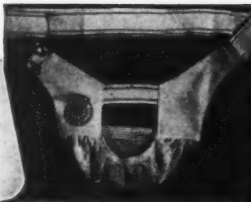
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**Shinowara, G. Y., DeLor, G. J., and Means, J. W.; J. Lab. and Clin. Med., 27:897-907, April, 1942*

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¹Reimann, H. A.: Treatment in General Medicine, 1941 Progress Volume. Phila., F. A. Davis Co., 1941.

*Reg. U. S. Pat. Off.

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Editorial

A Young Man's War

It has been said of the profession that "The young men resent having to go into the service; the older men resent not being able to."

The most blood-thirsty practitioners appear to be those from sixty to eighty. Many have insisted so vehemently upon accompanying the troops that the utmost diplomacy has been required to turn them down without causing offense.

Meanwhile, the army and navy continue to stress their need for physicians who are both young and active. Dr. Reginald Fitz explains this by pointing out that "Young doctors make the best medical officers." Dr. Fitz is chairman of the Procurement and Assignment Service in Massachusetts. Last month he told members of the Massachusetts Medical Society's Norfolk District that "There is a tendency to 'freeze' young men—for institutions to regard them as essential. . .

"Young doctors must no longer be hoarded. Medical schools must exchange their young faculties for old teachers. Hospitals must do the best they can to get along

without a full quota of internes, residents, and junior staff members."

No doubt many men over fifty-five will continue to volunteer for front-line service. Those who do will be reminded that they can perform a more useful function by substituting for young men in civilian work, thus freeing the latter to accompany our fighting forces.

Every retired or semi-retired practitioner who is able to return to full-time work has an inescapable obligation to do so. What's more, all practitioners responsible for the civilian population are in duty bound—because of the shortage of medical personnel—to increase both their hours of work and their efficiency.

State chairmen for the procurement service are going to require extensive lists of older physicians who can substitute in civilian practice and in industry for those who have joined the armed services. These lists will be available as soon as the information from the recent questionnaires has been assembled and organized.

—H. SHERIDAN BAKETEL, M.D.

Army's New Medical Recruiting Program Sets Fast Pace

By

William Alan Richardson

In a special 16-page section that begins here and includes a total of seven articles, *MEDICAL ECONOMICS* presents an organized, point-by-point summary of information about the current program for procuring and commissioning medical corps personnel. Those phases of the program which most forcibly affect the individual physician and with which he is therefore most keenly concerned are given the bulk of attention. The titles of the articles in this special section—indexed on the opposite page—provide a quick idea of the subject matter discussed. Heartiest thanks are extended to officers of the War and Navy Departments and to the Procurement and Assignment Service for having given their time so freely to reporters from *MEDICAL ECONOMICS* in order that the following articles might be prepared.

Having extricated itself from the tangle of red tape that has enmeshed it in the past, the Army Medical Corps is now making rapid strides in its program for the large-scale recruitment of medical officers.

The Procurement and Assignment Service, working in conjunc-

tion with the Surgeon General's Office, reports that its recent mailing of enrollment blanks to all physicians in the United States has prompted a "tremendous" response and that the filled-out forms are "pouring into Washington headquarters." Thus, for the first time, there is being con-

Medical Officers' Recruiting Program

centrated in one place a complete list of medical volunteers for war-time service.

The keynote of the army's accelerated medical recruiting plan (conceived by Brigadier General James E. Wharton of the General Staff Corps) is decentralization. Where formerly an almost endless succession of steps had to be taken to get a medical corps commission from Washington, it is now possible (as physicians are finding out every day) to have one's application passed upon by a local recruiting officer, be physically examined, granted a commission, and sworn in on the spot.

The trouble in the past was that only the Surgeon General's Office could approve an application for an appointment in the medical corps. The new, accelerated program, however, provides that if the recruiting board which has reviewed a doctor's status

considers him acceptable, it may, if he is under 45, commission him then and there as either a lieutenant or a captain.

Recruiting boards may also accept applications and obtain physical examinations for physicians between the ages of 45 and 54 (inclusive). But these cases are referred to the Surgeon General for final appointment (usually in grades above captain).

The Surgeon General passes, in all, on the following groups of applicants:

1. Those over 44;
2. Those for rank above captain;
3. Graduates of unapproved U.S. schools;
4. Graduates of foreign schools;
5. Those with questionable physical qualifications;
6. Those with questionable professional qualifications;
7. All others referred to his of-

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fice for special adjudication.

If a medical man who has been approached by a recruiting board already has pending an application for a commission, it is disregarded. A new application is filled out to supplant the pending one, and every effort is made to commission the candidate on his home ground at once.

The purpose of the new medical officers' recruiting boards is

1. To get doctors for the army now; and
2. To line up doctors who may be available later.

Early in May, one such board was assigned to each State (two to N.Y.). The personnel of an average board comprises one medical officer, one line officer, and two enlisted clerks.

In many instances the recruiting boards have been given office space with the State chairmen for the Procurement and Assignment Service. They work closely with the State chairmen in cataloging physicians for military service.

The recruiting boards contact only those doctors who

1. Have volunteered,
2. Are available (non-essential).

Volunteers are known as such by having participated in either the emergency enrollment of December 1941 or the April-May enrollment of 1942; or by having signified their willingness to

serve, in correspondence with the Procurement and Assignment Service. The P & AS, of course, notifies its State chairmen of the names of these volunteers, and the chairmen pass them on to the recruiting boards.

A Procurement and Assignment Service State chairman also has these duties: (1) to maintain an up-to-date file of physicians in his State, showing the availability or non-availability of each for military service; (2) to make this information accessible to authorized recruiting boards; (3) to aid the recruiting boards by every practical means, including the arrangement of contacts with professional groups.

If a physician is not available but is otherwise acceptable for a commission, the recruiting board asks the State chairman to determine when the man *will be* available. A recruiting board can attest only to a doctor's professional status. It can not and does not decide on his availability.

In the event of uncertainty about the professional status of a doctor who has applied for a commission, a professional clearance may be requested from the Procurement and Assignment Service's consultant office in Chicago (Dr. R. G. Leland, director). The consultant office maintains a file of confidential infor-

[Continued on page 86]

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What Constitutes "Essentiality"?

The criteria employed in determining whether or not a physician can be spared from civilian life for military service

Three factors govern a doctor's availability for war-time service:

1. Whether or not he is absolutely essential to his community;

2. Whether he is a full-time industrial surgeon in a war industry;

3. Whether he is connected with any teaching institution and is considered indispensable to it.

The Procurement and Assignment Service has instructed its State chairmen not to classify as essential any physician under 45 who is qualified for military service, except in rare instances. Men in this age group who are occupied in essential civilian capacities will ultimately be replaced and thus become available for war-time service. Replacements are to be drawn from the following groups:

1. Those over 45;

2. Those under 45 who are not physically fit for military service;

3. Women physicians (of whom there are about 8,000);

4. Instructors;

5. Medical research personnel who are not M.D.'s;

6. Graduates of sub-standard medical schools;

7. Alien doctors.

It is evident from this that even a doctor now classified as "essential" may become "available" if a replacement can be found.

Several months ago every hospital was asked by the procurement service to indicate which of its physicians were essential to its operation. Medical schools, industrial concerns, public health organizations, and other agencies, both governmental and civil, have also been questioned.

The following excerpts from a letter addressed to hospital superintendents by the procurement service gives an insight into the method used to determine who is essential and who isn't:

"It is obvious that a certain number of persons are necessary to operate a hospital. Thus, of two men, either may be spared but not both; or, of four men, two may be spared on the condi-



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Medical Officers' Recruiting Program (cont.)

tion that two remain. . .

"Other factors must also be considered:

"1. The type and size of the hospital. . .civilian demands. . .the minimum staff necessary to meet these demands.

"2. The number and variety of services, *i.e.*, whether just medical and surgical, or whether including other special services.

"3. Its out-patient staff needs.

"4. If a teaching hospital, the relationship of the staff.

"5. If there is a school of nursing, its clinical staff needs.

"6. The probability of civilian

casualties. . .and of requests from the army and navy to care for an overflow of battle casualties.

"7. The number of staff members already commissioned. . .

"Men engaged in research connected with war projects should be so listed. . .Much non-defense research may have to go by the board for the present. . .

"Any listing [on the basis of essentiality] is necessarily tentative. In many instances men may be listed as 'not available' up to a certain date but 'available' thereafter."

Medical schools, in judging the

Questions?

Have you a question about the medical recruiting program, the army, the navy, or some other branch of service? If you have and *if it would interest physicians generally*, MEDICAL ECONOMICS will be glad to publish the answer. Write the question below, tear out, and mail.

To MEDICAL ECONOMICS, Rutherford, N.J.

Here's my question:

Name and address (optional) _____

essentiality of their staff members, were reminded that the functions of the school should be considered as (1) teaching; (2) research:

"The listing of a staff member as 'essential' should mean that, in your opinion, he is necessary to teaching or research," the procurement service pointed out. "You should not take into account the clinical services rendered by teachers or the question of dependents. It is presumed that staff members devoting but a small amount of time to either teaching or research will rarely be listed as 'essential.'"

Most communities and most institutions are believed by the army to overestimate their medical personnel needs. Many, it is said, also overestimate the essentiality of individual physicians. A representative of the Surgeon General's Office expressed the latter viewpoint at a recent meeting at Washington. "Some of the men designated as essential don't look so essential to me," he said.

He then cited three examples:

A medical school dean who said *all* his men were essential;

An industrial concern that reported a man of 37 as essential;

A young doctor in New Jersey who considered himself essential because he had thirty obstetrical cases scheduled for the year (P.S.: He's in the army now.)

At the same meeting a member of the Procurement and Assignment Service made the observation that "Plenty of places could use fewer doctors and still get along. New York City, for example, would be a damn sight better off with 2,500 doctors less than it has now."

Hospitals and medical schools which report merely that a doctor "should be deferred" are taken sharply to task by those in charge of the medical recruiting program: "Such statements are not enough. The institutions must specify whether each man is locally *essential*. More often than not, a 'key man' proves to be an assistant resident!"

The army likes the attitude of a hospital in Pennsylvania which said: "No one is essential at this hospital except Dr. John Jones. He is 71 and he is essential."

If a physician is classified as essential, yet wishes to enlist and is qualified, may he do so? The answer is yes. The procurement service will make every effort to find a replacement for him.

Medical school staff members who hold reserve commissions in "affiliated units" (base hospital units) may be called to active duty at any time. As a consequence, the procurement service recommends that all possible efforts be made to provide for the replacement of such men.

"How Will My Dependents Live?"

A lower living standard may be necessary, but most dependents can get by on a medical officer's pay, says selective service

Professional men faced with the prospect of military service have shown understandable concern over the economic welfare of their dependents. This is particularly true of doctors with higher-than-average incomes and substantial investments in equipment.

To these the selective service and the army and navy say, in effect: "Your pay as a medical officer may require a reduction in your dependents' standard of living. But it *will* support them."

Brig. Gen. Lewis B. Hershey, national director of selective service, has specifically instructed local boards, when classifying doctors, to "consider their pay as officers' when reviewing any claim for deferment. If a physician's pay as an officer will support his dependents, the selective service is legally empowered to remove him from Class 3A and reclassify him in 1A. A War Department spokesman takes this view:

"After all, if a man making \$25,000 a year is commissioned at a salary of \$200 a month, his fam-

ily will still have more than most."

It is thus clearly evident that the physician who enters military service will often be expected to put up with a sharp drop in income. "This is only reasonable," the medical corps points out. "A doctor can't expect to earn as much in the service as he did in private practice. Any practitioner who feels that he should get special financial privileges may well be reminded of the thousands of men from other walks of life who have given up lucrative businesses to accept commissions at much lower incomes."

The foregoing is not meant to imply that selective service will fail to consider the number of a man's dependents or the extent of their dependency. There seems every reason to believe that although a doctor who joins the army or navy may have to take it on the chin financially, the problem of his dependents will be carefully considered so that his sacrifice will not be disproportionate to that of the next man.

Requirements for a Commission

What it takes to get a commission in the medical corps—with special emphasis on the applicant's age and physical status

An applicant for a commission in the Army Medical Corps must

1. Be a citizen of the United States;

2. Be a graduate of an approved medical school;

3. Have completed a one-year internship;

4. Be under the age of 55;

5. Be professionally and ethically qualified;

6. Be physically fit for either (a) unlimited or (b) limited service;

7. Have a license to practice, or equivalent qualifications;

8. Not be employed by a Federal agency, unless he has an official release from the agency;

9. Be certified as available by his Procurement and Assignment Service State chairman.

It may be well to repeat that the army will now accept applications for commissions in the medical corps from qualified doctors up to the age of 55. The previous age limit was 45.

The navy accepts applications for commissions from medical

men up to the age of 50. Those near the age limit are usually assigned to shore and hospital-ship duty.

According to the Procurement and Assignment Service: "There are in the age group 24-45 more than a sufficient number of eligible qualified physicians to meet medical department requirements. . . Applicants beyond this age will also be considered for appointment, however, if they possess the special qualifications required for assignment in the grade of major or above." (A man over 45 is considered too old to properly be a captain.)

This leads to the conclusion that only older medical men with outstanding qualifications will be accepted for military service within the discernible future. If this were not so, by the way, many M.D.'s already in the service would be deprived of their rightful privilege of advancement to higher ranks.

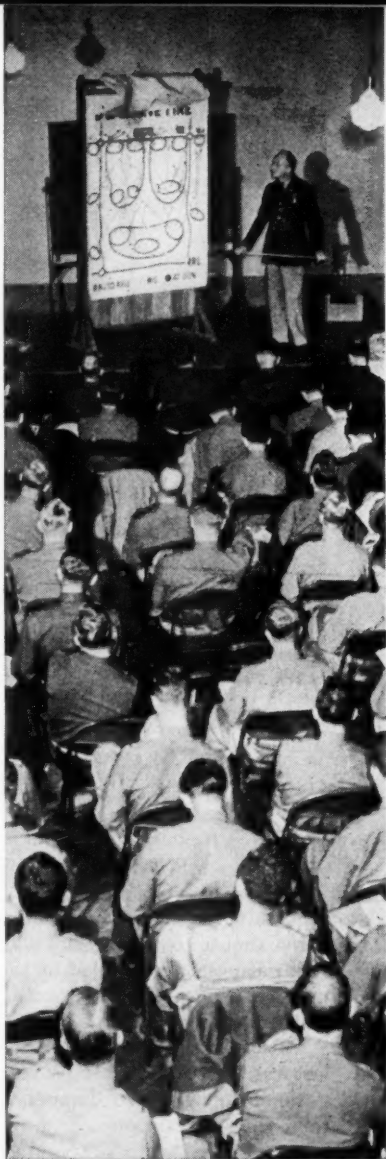
Prior to Jap Sunday, rigid physical requirements were demand-

ed of all men inducted into military service. A number of physicians who volunteered then were rejected on physical grounds. Today, those formerly disqualified because of relatively minor physical defects are being reclassified as acceptable for duty. The extent to which the bars have been lowered is evidenced by the fact that a man who is completely color-blind may currently be accepted as a medical officer.

As the need for doctors becomes still more urgent, physical standards are likely to drop even lower. More and more consideration will probably be given to the argument that even the man who has a spot of T.B. or has only one eye can contribute to the war effort—if not in the army or navy, at least in some other government service.

Besides having lowered its physical standards for *unlimited service*, the Army Medical Corps is continuing to emphasize its *limited-service* classification for physicians with physical defects. Men in this class will stay in the country for duty at fixed installations.

Says the procurement service's executive officer: "A man in this category can get in even if he has a glass eye, carries his teeth in his pocket, or has a mid-thigh amputation with a good artificial leg. What's more, if he breaks his leg in the service, the army will replace it."





"What Rank Will I Get?"

An explanation of War Department policy governing appointments to the medical corps in grades above first lieutenant

Medicalcorps vacancies in grades above that of first lieutenant will, so far as possible, be filled by the promotion of qualified officers already on active duty.

This policy has its roots in the last war. It is designed to prevent a repetition of what happened then when physicians who waited until they were desperately

needed got higher ranks than those who had volunteered earlier.

Despite this new custom, the medical corps must, in order to fill many of its current vacancies, draw from the outside. Its supply of qualified officers already on duty is quite inadequate for existing needs. As a result, physi-

Medical Officers' Recruiting Program (cont.)

cians who enter the service now and who possess the special qualifications required for higher ranks will probably receive appropriate commissions.

These special qualifications have been summarized thus by the Office of the Surgeon General, U.S. Army:

CAPTAIN

"1. Eligible applicants between the ages of 37 and 45 will be appointed in the grade of captain by reason of their age and general unclassified medical training and experience.

"2. Below the age of 37 the following training and experience will be considered in recommending initial appointments in the grade of captain: certification by an American specialty board; fellowship, American College of Surgeons or American College of Physicians; membership in other nationally recognized qualifying society or association, or formal hospital training equivalent to that required by an American specialty board or other recognized training appropriate to the assignment for which recommended.

"3. Eligible applicants who previously held commissions in the grade of captain in the Medical Corps (Regular Army, National Guard of the United States, Officers' Reserve Corps) may be appointed in that grade provided

they have not passed the age of 45.

MAJOR

"1. Eligible applicants between the ages of 37 and 55 for whom there exist appropriate vacancies, who are qualified for appointment as captain as outlined in paragraph 2 above, and whose additional training and experience justify initial assignment as chief of service or section or executive officer in a large military hospital or other appropriate position, may be appointed in the grade of major.

"2. Applicants previously commissioned as major in the Medical Corps (Regular Army, National Guard of the United States, Officers' Reserve Corps) whose training and experience qualify them for an appropriate assignment may be appointed in the grade of major, provided they have not passed the age of 55.

LIEUTENANT COLONEL

"1. In view of the small number of vacancies in the grades of lieutenant colonel and colonel and the large number of reserve officers of these grades who have not been ordered to active duty, such appointments will be limited to specially qualified applicants required for specific vacancies which cannot be filled by promotion or by the activation of qualified reserve officers."

[Continued on page 82]

Draft Status of Special Groups

Unapproved and foreign school graduates, aliens, women doctors, osteopaths, chiropractors—their liability for war service

Any physician who expresses misgivings about war-time competition from refugee doctors, graduates of class B schools, and others—who believes that when he joins the army or navy they will be left behind to usurp his practice—is advised by the Procurement and Assignment Service to "Forget it! The *first* thing we need is a country in which we'll be able to compete!"

UNAPPROVED GRADUATES

Physicians who hold degrees from medical schools whose graduates have hitherto been ineligible for commissions in the army medical corps may now be considered for appointment if they possess the other needed qualifications, if they can pass their State board examinations, and if they can secure the personal endorsement of their State medical societies.

Those who fail to satisfy these requirements for a medical corps commission but are nevertheless acceptable for military service may choose between (1) making

themselves essential by volunteering for some form of non-military medical service necessary to the war effort or (2) volunteering or being drafted as enlisted men. Once in the army or navy they have the same chance every enlisted man has for promotion to officer grade; but they cannot become *medical officers*.

FOREIGN GRADUATES

According to the Procurement and Assignment Service, "a graduate of a foreign medical school is eligible for appointment in the medical corps provided he meets the following requirements:

"(a) Is a citizen of the United States and can present satisfactory evidence of pre-medical education equivalent to the requirements for admission to approved medical schools of the United States; (b) has completed a medical course of at least four academic years; (c) has a license to practice medicine in the country in which his medical school was located; (d) has completed not less than one year's internship

Medical Officers' Recruiting Program (cont.)

in an approved hospital; (e) is eligible to take the examination given by the National Board of Medical Examiners; and (f) has a license to practice in the United States."

NON-CITIZENS

At this writing, non-citizens are ineligible for appointment to commissioned grades in the Army Medical Corps. However, a new ruling specifies that if they volunteer in the army as enlisted men, they may, after ninety days, be considered for full citizenship and, if granted it, apply for commissioning. This plan is frowned upon by a number of War Department heads, so whether or not it will subsequently be voided remains to be seen.

WOMEN DOCTORS

Women are at present ineligible for commissions in the medi-

cal corps. The theory is that women doctors can contribute to the war effort even though not with the armed forces—by serving in war industries and in various governmental and civilian agencies, and by substituting for male practitioners who have been called to active duty.

This is the present policy, though it is subject to change under political pressure.

OSTEOPATHS, ETC.

Misinformation has been disseminated to the effect that osteopaths and chiropractors are in demand by the medical department of the army. This the Surgeon General's Office denies, adding, however, that if they enter the army as enlisted men and ask to be placed in the medical department (also as enlisted men) their requests may be granted.





Army Surgeon: *Standing outside of an operating-room tent in a jungle, a U.S. medical officer on field service in the Southwestern Pacific area rests briefly between operations. The War Department has hinted that a total of 60,000 doctors may be withdrawn from civilian practice before the war is over.*

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How Many Medical Officers?

Our total inventory of physicians, the number now in active service, and the number likely to be called in the future.

"Before the war ends, every doctor 45 years or under will be wearing a military uniform," predicts Dr. Thomas F. Suchomel, Iowa's State chairman for the Procurement and Assignment Service.

This can be disputed on the ground that probably less than three-fifths of the physicians in this age group are physically and professionally qualified for military service. Nevertheless, the quotation does give a dramatic conception of the present trend, and of the dimensions which medico-military leaders are now using in their calculations.

The announced object of the procurement service to obtain 16,000 physicians for the army and navy between May 1 and December 31, 1942 means the calling to active duty of more than one out of every ten civilian physicians. It is hoped to commission at least half these men (8,000) by July 1.

On May 1, the approximate number of physicians commis-

sioned in the armed forces was as follows:

May 1, 1942

Army	14,000
Navy	3,000

Total 17,000

Both the services estimate that by December 31, 1942, the foregoing figures will have been at least doubled—thus:

December 31, 1942

Army	28,000
Navy	6,000

Total 34,000

The latter estimates were made on May 1, and are, of course subject to revision at any time. Just last month the War Department observed significantly that "As the military situation develops and greater numbers of professional units must be provided for theaters of operation, *these requirements must necessarily be increased*" [our italics].

If the estimates quoted are not exceeded by the end of 1942, the
[Continued on page 84]



How Do You Say It?

By Myrna Chase

There's a law. Every physician is familiar with it. He's responsible for the professional acts of his employees. If his nurse burns a patient and the patient sues, it is the doctor, not the nurse, who is sued.

But there's an analogous situation not covered by any law. It has to do with human relations, and many doctors seem totally unaware of it. It is this:

The voice, manners, and conversation of your office nurse or secretary are usually taken as reflections of yourself—often to your advantage, sometimes to your very great detriment.

Your secretary talks on the telephone with the secretaries of other doctors. Ask her if she isn't occasionally annoyed by what they say. And haven't you been, yourself?

It's illuminating as well as amusing to make a note of all such irritating remarks, to try rephrasing them in a way that could not offend. Here are a few from my own experience as a doctor's secretary:

I telephoned Dr. Doolittle's secretary and told her that I would like to speak to him. Her reply came in a hurried, waspish tone:

"I'll call you back later. He's been interrupted with this patient three times already and I can't call him again."

My involuntary impulse was to say:

"So sorry to have bothered you. I only wanted to refer a patient to him. I'll promise never to do it again."

A pleasant and unhurried voice on the telephone can, with a little effort, become habitual. The tactful secretary has a polite and plausible stock answer which she always gives when her doctor can't come to the telephone; for the real explanation is of little importance to the calling party. Apology and regret should show in her voice when she has to refuse to put the doctor on.

If Dr. Doolittle's secretary had said, "I'm sorry, but the doctor is in the examining room. I'll call you back the minute he comes out. It won't be long," I would have liked her (and her doctor) far better.

Some busy and methodical doctors make it a rule to take telephone calls only at a specified

time—excepting of course emergency calls and those from other doctors. This is in many cases an excellent plan, for the patient who has made and will pay for a visit should have the doctor's undivided attention. Most people who telephone do not object to this procedure if a brief and courteous explanation is given, and if their calls are invariably returned at the time promised.

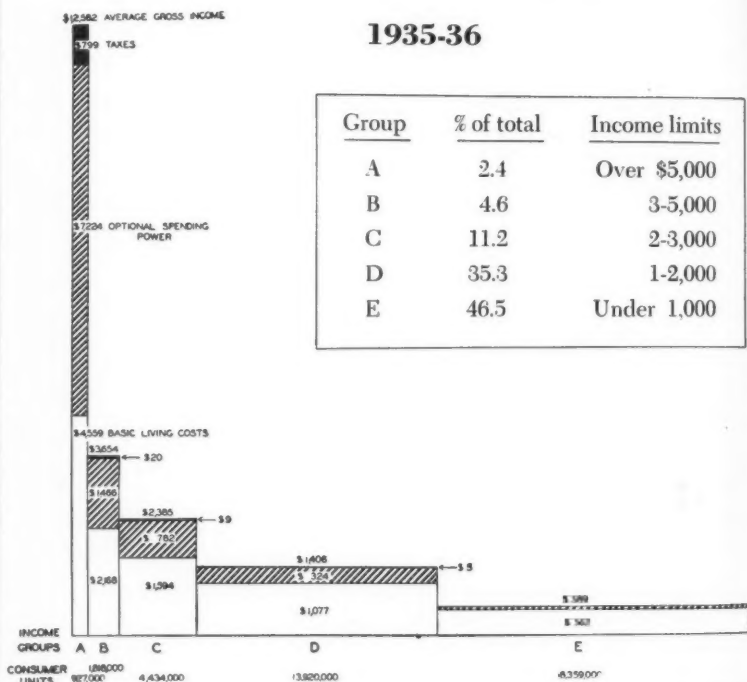
There were two X-ray laboratories in our town that did equally fine work, one operated by Dr. A, the other by Dr. B. For a time we divided our work between them, but before long we began sending all X-ray cases to Dr. B, and we have since continued to do so.

The reason? Doctor A has a secretary who may perhaps be an excellent collector, but who is notably lacking in tact. She would occasionally call me to get information about a patient we had referred, and from whom she was unable [*Continued on page 102*]

¶MEDICAL ECONOMICS takes pleasure in welcoming Miss Chase back to the ranks of regular contributors. She will be remembered by many readers as the author of the popular "Letters to a Doctor's Secretary," which appeared in the magazine in serial form, beginning about three years ago. Here she devotes her attention to one of the small but extremely important details which characterize a well-run professional office.

Chart 1.—An Estimate of How American Income and

1935-36



More Money For Medical Care

The fact that national income has gone up is no news. The magnitude of its increase, however—es-

pecially among economic groups from which the doctor draws most of his patients—is news.

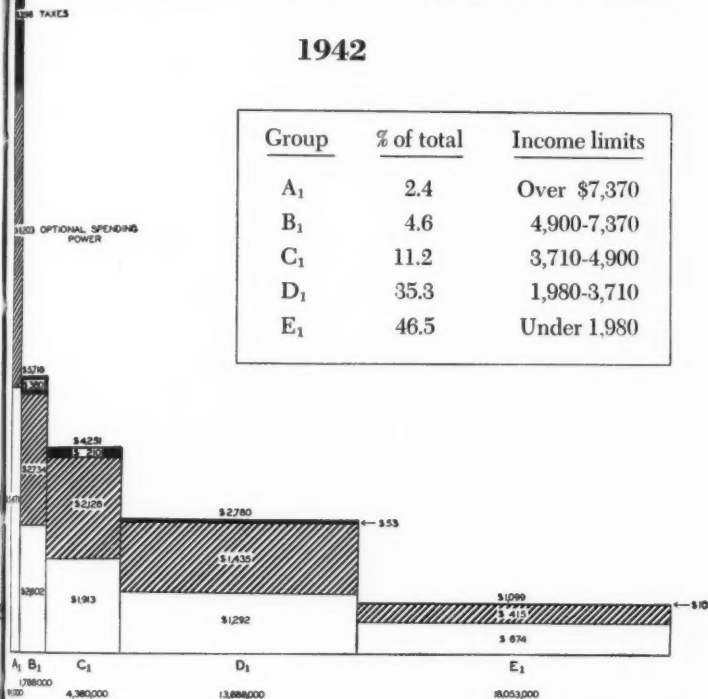
The startling change that has taken place during the last six years is shown in the accompanying charts prepared by Compton Advertising, Inc. These show how

NET AVERAGE GROSS INCOME

Spending Power Have Changed in Six Years

1942

Group	% of total	Income limits
A ₁	2.4	Over \$7,370
B ₁	4.6	4,900-7,370
C ₁	11.2	3,710-4,900
D ₁	35.3	1,980-3,710
E ₁	46.5	Under 1,980

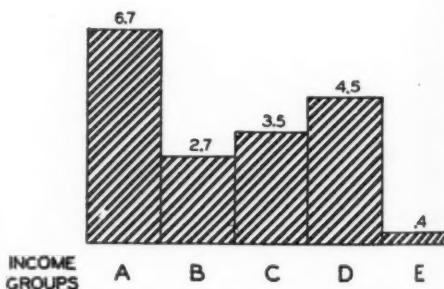


sharply national income has soared upward between 1935-36 and 1942. More important, the charts also show total optional spending power (in billions of dollars) and the average optional spending power in each income bracket.

The width of each bar in Chart 1 represents the number of consumer units in the income group represented by the bar. (A consumer unit is a family or individual maintaining an independent economic status.) The height of each bar in the same chart repre-

Chart 2.—Total Optional Spending
(Billions of Dollars)

1935-36



sents the average gross income within that economic group.

The black portion of each bar in Chart 1 represents an estimate of the average tax paid by the members of each group. This estimate includes Federal and State income taxes, Social Security taxes, poll taxes, and property taxes.

The white part of each bar in Chart 1 indicates basic living costs—comprising expenditures for

food, clothing, shelter, and medical care. The shaded part of each bar indicates optional spending power (obtained by subtracting taxes and basic living costs from gross income). This optional spending power is what may be used for recreation, education, savings, luxuries, and the further purchase of medical care.

The 1935-36 figures used in Chart 1 are estimates by the

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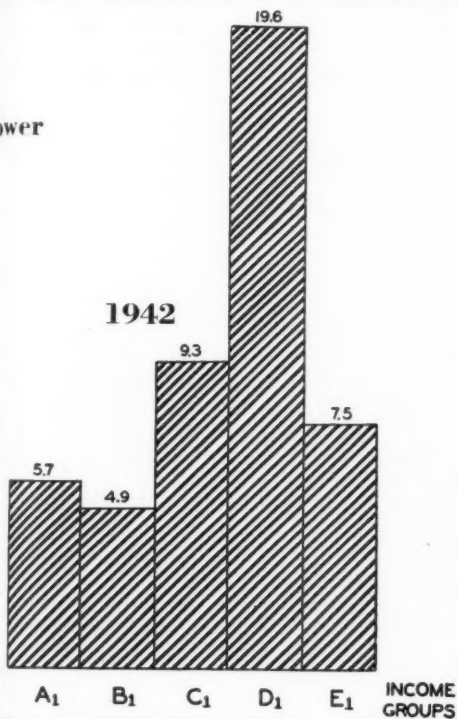
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National Resources Committee, predicated on a survey of some 300,000 families.

The national income in 1935-36 was about 60 billion dollars. This year it will approximate 100 billion dollars*—an increase of about 67 per cent. Federal in-

*Best estimate available when the chart was originally projected. But Government figures at press time indicate 1942 national income may go as high as 117 billion dollars.

come taxes this year will probably amount to 4 or 5 billion dollars. Basic living costs are expected to show a rise since 1935-36 of about 20 per cent, possibly somewhat more.

"Just how the new larger income will be distributed," the agency says, "cannot of course be forecast with scientific accuracy. There are indications, however, that the new added income has

not followed the 1935-36 pattern, but has been distributed more largely among the middle and lower economic groups."

The greater portion of the average professional man's paying practice is drawn from income groups C and D, and Chart 2 shows graphically how optional spending power has spurted up among these families. The total optional spending power of groups C and D combined shows an increase of 260 per cent during the six-year period studied.

In connection with the Compton survey, it is enlightening to

recall a study made not long ago by the Bureau of Labor Statistics. The latter showed how wage-supported families in large cities allocated their spending in 1940 as compared with 1934-36. During both periods, 3.9 per cent of all the expenditures of these families were for medical care.

Even though, under present conditions, the *percentage* of a family's total income spent for medical care may have decreased somewhat, it seems evident that the *amount* of money expended for medical care has already increased substantially.

Action of A.M.A. Under Inquiry

The Department of Justice has called on the American Medical Association to explain why it dropped the University of Georgia School of Medicine from its list of approved medical schools. "Before we initiate any investigation," Assistant Attorney General Thurman Arnold wrote to the A.M.A., "we thought you might care to give us the facts. . ."

Last February the Council on Medical Education and Hospitals withdrew approval of the school after several other accrediting agencies had acted against the University of Georgia.

According to Dr. G. Lombard Kelly, dean of the university's medical department, "The action was taken without any inspection of our school and

without reference to the quality of medical education offered. The council admitted to me that its only reason was the alleged political interference of Governor Eugene Talmadge with [other divisions of the university]."

The council's action was indignantly received by a number of Georgia physicians. "No cause has been given for the action," said one doctor.

More than a month after the Justice Department asked for facts, Mr. Arnold told MEDICAL ECONOMICS that "We have as yet had no answer from the A.M.A."

In response to a query from this magazine, H. G. Weiskotten, secretary of the council, replied: "I have no information. . ."

Increased Hospital Occupancy vs. Decreased Hospital Personnel

By Warren P. Morrill, M.D.

Now facing American hospitals is a seemingly insoluble problem. It can be simply stated:

Bed occupancy is rising, yet the supply of trained personnel is dwindling.

That much perhaps every well informed physician knows. But because hospitals are an integral part of modern medical care, and because their unimpaired func-

What will be the war's repercussions on U.S. hospitals? How acute are the shortages of staff physicians, residents, internes, nurses, and technical personnel? What can hospitals do to reconcile personnel shortages with increasing bed occupancy?

To answer these questions, MEDICAL ECONOMICS has turned to a nationally known hospital authority. Dr. Morrill, who is now director of research for the American Hospital Association, has served as superintendent of more than half a dozen hospitals. He directed a base hospital in the last war; he has written a standard text on hospital operation; and he has surveyed over 300 institutions for the American College of Surgeons.

tioning is therefore of vital concern to everyone, it seems well to analyze this problem in some detail. Here is a brief study of the situation, and of the measures which can be taken to ameliorate it.

The average general hospital in 1939 had 0.83 employes per installed bed or 1.21 employes per occupied bed. This apparently high ratio of employes to patients is due to the fact that every division of a hospital must be covered at all times—twenty-four hours a day, seven days a week. Based on a forty-eight hour week, this works out to three and a half shifts before allowing for time off for illness, vacation, or other interruption.

Practically every employe from operating-room supervisor to floor polisher and dish washer must have some degree of special training. Any effort to decrease the number of employes at times when the patient-demand decreases would be certain to result in replacement trouble when the demand again increased. Further-

more, most hospitals of more than 100 beds perform an educational as well as a service function, and must therefore carry on their procedures and techniques at an educational rather than at an efficiency level.

EXISTING SHORTAGES

A survey by the U.S. Public Health Service in December 1941 showed that 3,181 non-federal governmental hospitals, having 193,612 non-medical professional and technical employees, were short 11,070 persons on the basis of then current needs. These hospitals were also short 12,022 additional persons to meet new needs

As army absorbs more doctors, an increasing load of duties will be assigned to nurses.

being created by expansion of existing facilities—an overall shortage of 23,092 employees. Shortages by departments varied from 7.5 per cent for x-ray technicians to 15.8 per cent for graduate nurses.

These percentages, applied to all non-federal hospitals, indicate a shortage of 39,285 such employees, of whom 17,722 are graduate nurses, 8,129 are pupil nurses, and 10,116 are subsidiary nursing personnel.

There are no statistics available as to the shortage of lay personnel; but it is a matter of common knowledge in hospital circles that the combined demands of military service and war industry are making even more serious inroads into this group of



Ewing Galloway



necessary hospital personnel.

INCREASED NEEDS

The annual Census of Hospitals, published by the Council on Medical Education and Hospitals of the American Medical Association, indicates an increase of 14.95 per cent in the number of persons admitted to hospitals in 1941 as compared to 1940. This represents both an increased ability to pay for and an increased desire to seek hospital care when needed. This increased ability to purchase hospital care is due both to better economic conditions and to the ease with which the ten million beneficiaries of Blue Cross plans can get hospitalization. Growing confidence in hospitals and an appreciation of the fact that it is cheaper to be sick in the hospital than at home have

Hospitals may not be able to increase numbers of student nurses by more than 10 per cent.

also steadily increased occupancy.

SUPPLY OF PHYSICIANS

The latest available figures indicate that there were in 1941 about 155,000 physicians in private practice in the United States. With more than 15,000 already called to service, and with roughly as many more needed during 1942, it appears that before long at least one fifth of all private practitioners will have left civilian service. Perhaps a longer view would be more accurate. Estimating on a basis of 6.5 physicians per thousand men, a combined army and naval force of 10 million men would require 65,000 physicians, or two fifths of the to-

tal private practitioners available. And the men called are undoubtedly to be drawn from those most fit physically.

While most physicians are not hospital employees, it is quite evident that their removal from civilian practice will increase the demand for hospitalization. Those remaining will be those less fit physically, and to meet the increased demand thrown upon them they will necessarily hospitalize a larger proportion of their patients as a means of conserving their own time and energy.

The present War Department policy assumes that an approved internship is an integral part of medical education and has thus far refrained from calling internes to military service. There is thus no immediate threat to the supply of internes, of whom there were 7,219 in hospital service at last reports. But this policy does not apply to residents, assistant residents, and fellows, of whom there are 5,756 in training in approved hospitals. The removal of this latter group from hospital duty will add materially (possibly as much as 50 per cent) to the need for internes. It will also pass back to visiting and attending staffs such of their duties as can not be transferred to internes.

In this connection it should be noted that only 732 hospitals—almost all of more than 100-bed capacity—are approved for interne service. This leaves more

than 3,500 general hospitals which are thus wholly dependent upon their visiting and attending staffs for medical service.

NURSES

The Census of Hospitals for 1941 showed that there were 112,842 graduate nurses and 42,169 practical nurses and orderlies employed in hospitals. This figure did not include 93,977 pupil nurses, nor the more than 95,000 "attendants" who are for the most part employed in nervous and mental hospitals.

The army's present procurement objective for nurses is based on a ratio of 120 nurses per thousand hospital beds and of fifty beds per thousand soldiers—i.e., six nurses per thousand men. For the announced 3,600,000 men to be under arms by the end of 1942 the requirement would then be 21,600 nurses. For an army of 7,000,000 men it would be 42,000 nurses.

A recent survey by the U.S. Public Health Service revealed that of about 290,000 graduate nurses actively employed, about 118,000 were in institutional work, and about 98,000 in private duty. It also indicated that 57 per cent of the institutional and almost 50 per cent of the private-duty nurses were under 30 years of age, and that about 6,000 young nurses are now inactive but available if needed.

It appears that there is a pool of almost 122,000 nurses under

[Continued on page 96]

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Check List for Doctors Entering Service

By

F. H. Rowsome Jr.

You will proceed without delay to..."

The telegram ordering you to active duty is crisp, authoritative.

Winding up your practice in a hurry isn't easy. To make sure that you haven't overlooked something important, it's wise to make a note of essential tasks to be done. The following check list, published as a guide to physicians who will shortly put aside civilian practice for the duration, covers the chief matters which must be attended to. (For a more extended discussion of many of the points raised, see recent issues of MEDICAL ECONOMICS—particularly the April number containing the article, "If You're Joining the Colors.")

PATIENTS: Have you notified patients of your impending departure? (Word-of-mouth mention, printed announcements, and form letters are the commonly favored methods.)

SUBSTITUTE: Have you arranged with a colleague to carry on your practice? Have you notified your patients who your substitute is?

SPECIAL CASES: Have you made

special arrangements for the care of your OB and chronic cases?

CONTRACT: Have you made an explicit verbal or written agreement with your substitute? Does it cover all the contingencies likely to arise?

RECORDS: Have you either turned over your case histories to your substitute or in some other way made them available?

COLLECTIONS: Have you told debtors that you are joining the service? (A casual reference to your departure may settle many overdue accounts.) And have you made any arrangements by which further collection efforts can be carried on after your departure?

EQUIPMENT: Have you made suitable plans to store, lend, or sell your professional equipment and books?

LEASE: Have you consulted your landlord about terminating your lease? If it is an especially desirable location, have you made arrangements so that you may re-obtain it after the war?

NARCOTICS: Have you cancelled your dispensing license and

[Continued on page 83]



Sam Seeley, Procurement Officer

A close-up of the young army surgeon who has been given the crucial job of rationing the Nation's medical manpower for war

By all odds, Sam Seeley ought to have the jumps.

As executive officer of the Procurement and Assignment Service for Physicians, Dentists, and Veterinarians, he occupies a desk that is a tempting target for brickbats—and a quarter of a million professional men are the potential wielders. As though to provoke them the more, the agency he guides is imposing a form of

regimentation upon men who traditionally vibrate with indignation at the word's very sound.

After more than half a year of the headaches which have attended the conception, birth, and growing pains of a crucial wartime agency, the lieutenant colonel should snap at his secretary, bark at visitors. Asleep, he should be troubled by nightmares in which physicians chase dentists

over fences, with veterinarians bringing up the rear. Yet actually, he is one of the calmest and most objective persons in a national capital where such qualities are conspicuously rare.

Nerve center of the procurement service, which Colonel Seeley has directed since its inception, is a large loft on the top floor of a building at 905 E Street, N.W., Washington, D.C. About as compact as Grand Central Station, the office rumbles and vibrates in response to a printing plant downstairs. Over in one corner, hard at work behind his gold-rimmed glasses, you will find the executive officer.

He may be engaged in long distance conversation with the AMA's Roscoe Leland; or he may be earnestly attempting to convince an octogenarian gynecologist that army life is not for him. Or he may be poring over questionnaires, dictating one of the countless letters that require his attention, or even undergoing an interview by a MEDICAL ECONOMICS reporter. Often he is doing two or three things at once.

The grandson of a Union Army physician, Sam Seeley is at 38 one of the youngest lieutenant colonels in the medical corps. An adequate if not profuse thatch of straight black hair surmounts a spare frame of medium height. He expresses himself succinctly and his speech comes fast, which means that every word counts. In private conversation or on a plat-

form addressing 500 physicians he is an effective speaker—something which helps a lot, considering the numerous platform appearances his job demands.

It was a day or two after he had given one such address that the wife of a Washington physician spoke to the writer. "I heard Dr. Seeley," she said, "and I'm scared to death. About my husband's being drafted into the medical corps, I mean. Dr. Seeley seemed so—so serious."

On the count of being serious, the physician's wife was right. Colonel Seeley has a lighter side—he can tell a story well, utilizing such pungency of speech as it may demand—but he takes his job with unmitigated seriousness. As for the fear which this woman thought he inspired in her, it was probably her imagination. The one thing that the procurement service director emphasizes most is that no doctor is going to be plucked out of a community in which his services are needed and plumped forthwith into a uniform.

Sam Seeley was born in Palmer, Neb. He worked his way through the University of Minnesota's medical school, and served an internship at Station Hospital, Fort Sam Houston, Texas. By 1928 he was both married and in the army. The Seeleys' son and daughter were born in the Philippines and Texas, respectively.

After a period of research at the Mayo Clinic, he served two

tours of duty on the surgical services of military hospitals in Washington and Texas. In August 1940 he became the Surgeon General's liaison officer with the National Research Council and the Office of Defense Health & Welfare Services. That brought him up to October 30, 1941, when the P & A S was created by President Roosevelt, and Colonel (then Major) Seeley was ordered to set the wheels in motion.

During those first hectic weeks the new-born bureau did not have an office of its own. Sam Seeley, garnished with a few typists and filing cabinets—that was the procurement service. Pearl Harbor stepped up the tempo like a kick in the pants, yet as late as last March the unit had virtually no office staff or facilities worth mentioning. Many was the day that 2,000 and more letters would be routed miraculously to the executive officer's desk and he would have to sort them on the floor.

Today some order has been brought out of chaos. The service doesn't have fancy quarters, but at least it does have a permanent home as they come nowadays in bustling Washington. When this was written, Colonel Seeley was still picking up his phone to answer calls which had not first been routed through a secretary; but by the time this is published he should have both a telephonic interceptor and a sorely needed receptionist.

Colonel Seeley has written pa-

pers on subjects ranging from the effect of sodium amytal in delaying traumatic shock to preventive medicine in the tropics. Much as he misses clinical practice, he says with conviction that he gets a great deal of enjoyment out of his present job—whatever its headaches and responsibilities.

He feels that U.S. physicians have responded magnificently to the Nation's call. He is particularly appreciative of the AMA's preparedness survey and of the promptness with which its findings were turned over to the Government. He is at once touched and amused by the physicians in their seventies and eighties who daily volunteer for active duty. (Some walk up the five flights to his office to demonstrate their soundness of wind.) He is also tremendously impressed by the paucity of "gripe" letters so far received.

In peacetime, Colonel Seeley nursed an interest in two highly normal hobbies; he golfed and fished. But today, he says, he couldn't tell a niblick from a black bass. His primary concern at the present writing is to help get at least 8,000 more doctors in the medical corps by July 1.

To plan and build the Nation's new medico-military machine successfully, says AMA President Frank Lahey, "We must take a position between complacency and hysteria." This is a position Sam Seeley has occupied all his life.

—GERALD GROSS

Chiropractic: Its Cause and Cure

By Arthur J. Geiger



Morris Fishbein once predicted that chiropractic would be dead within two years.

That was twelve years ago.

Today chiropractic is the largest of the extra-medical cults. Its 30,000 practitioners manipulate 3,000,000 patients a year. In forty-three States and the District of Columbia, its rites carry

[This article, the third of a series on America's most enterprising healing cult, describes some of chiropractic's current drives and ambitions: legalization, medical corps infiltration, and anti-medical propaganda. A subsequent installment will consider what medicine has done and can do to oppose chiropractic.]

Material for this series was secured in two ways: (1) by standard research methods (libraries, newspaper morgues, interviews), and (2) by an investigative expedient required by the cult's hostility toward medicine. Without divulging their identity, MEDICAL ECONOMICS reporters visited chiropractic officials and schools, as well as rank-and-file practitioners, indicated their interest in the field, and asked for full information about its rewards and hazards.

the law's blessing; elsewhere, they are performed without it. Acting on the advice of their ablest leader ("The world is your cow"), members of the craft are milking the Nation's patients of an estimated \$80,000,000 annually.

That chiropractic should have risen so rapidly during the period of medicine's greatest scientific advances is perhaps remarkable. That its gains were made in the face of supposedly determined resistance from organized medicine is equally surprising. But still harder for physicians to face is the fact that, in the words of Dr. Louis Reed: "The efforts of the medical profession to prevent legal recognition of chiropractors have met almost universal defeat."

The record confirms this sad truth. It reveals that since Kansas enacted the first chiropractic licensing law in 1913, the cult's sphere of influence has spread tremendously. Today only five States refuse to legalize chiropractic. And even in these States, as one chiropractor has pointed out, "We can practice regardless.

The best way to keep from getting pinched is to choose patients carefully."

In most of the States which recognize chiropractic, its apostles license themselves through their own boards—a situation that has provoked complaints that these boards hand out licenses on the principle of "safety in numbers." Privileges granted under these licenses, moreover, are multiplying yearly. As early as 1936, licensees began to clamor for "equal rights" with physicians. As yet, no State is known to have acceded to their request. But a few have yielded them all of a doctor's rights except the performance of major surgery.

Meanwhile, chiropractic is seeking to widen entering wedges already driven into certain branches of medical practice. Its members are well aware that an attempt to engage in all branches of medicine at once would bring down the wrath of a united profession on their heads. So they have chosen instead to invade such widely separated fields as athletics, relief work, and compensation practice.

In at least some of these they have made heavy inroads. Baseball and football teams, wrestlers, and boxers have proved especially susceptible to spine-manipulating. A number of industrial firms have been persuaded that chiropractors can supply care that is "just as good"—for lower fees.

Where conscientious compensation officials have refused to recognize them, chiropractors have frequently taken cases to court; and in a number of instances have won. The extent of their insurance practice is evident from a publication of the Palmers. It lists 145 carriers that allegedly have paid claims over the signatures of chiropractors. The publication adds that chiropractors have collected from such companies even in States where the cult is outlawed.

In their eagerness to expand, some members of the sect have not halted at medicine's borders but have pushed into the veterinarian's territory. Dogs have had their subluxations shifted—usually after being muzzled and chained. Even a goat whose milk had been blood-flecked was adjusted, after which it was said to have responded "favorably." Veterinary chiropractic, however, has never attained the popularity of the type practiced on humans. One reason, a physician observes, is that some people are more careful of their livestock than of themselves.

Chiropractic chieftains are happy over what they have cited in a questionnaire as the "growing public prejudice against physicians." Flushed by victories in courts and legislatures, they envision a bright future for the cult. As an example of what's on their minds, some state that their aim is legislation to compel medical



Adept at publicity techniques, chiropractic groups often have an unerring eye for pictures editors like.

schools to teach vertebral adjusting.

As a matter of fact, the introduction of such legislation would not be unduly astonishing. Some time ago, Massachusetts considered a chiropractic-sponsored bill which would have forbidden medical men to examine spines—under penalty of a year in jail per examination. If the cult's legal conquests were to keep pace with its demands, restrictions on medical practice would be the logical and eventual outcome.

How do chiropractors get away

with all this?

First—through unity. Although divided on almost every other question, the clan is practically unanimous in its opposition to medicine. B. J. Palmer's slogan—"M.D. Means More Dope, More Death"—is more than a personal idiosyncrasy; it's an accurate reflection of mass chiropractic mentality.

This anti-medical tradition is of long standing. It goes back to the constitution of the Universal Chiropractors Association, pioneer chiropractic organization,

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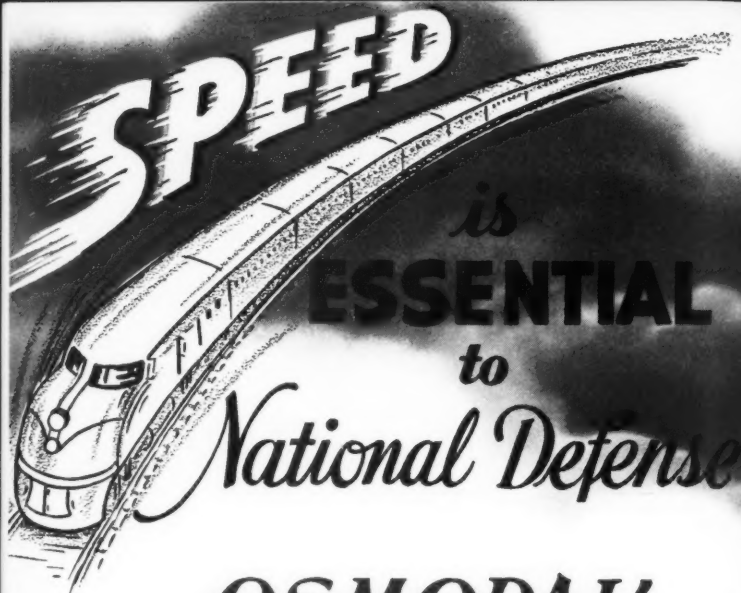
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which described M.D.'s as "the enemy." It has been nourished through the years on such rallying cries as "Are we going to let the medical profession mangle millions?" By now the war on medicine is firmly linked in the average chiropractor's mind with his success. "We were most prosperous when we were a militant group," one well known chiropractor has said. "Prosperity will return when we... again unite as a militant group fighting organized medicine."

Another important ingredient in the chiropractic recipe is money. Because the past has proven that it pays, the rank-and-file contribute heavily to "the cause." The now-defunct Universal Chiropractors Association, for instance, once confessed that administrative bills for its 1,450 members ran to \$122,000 a year. Ten per cent of the Palmer School's total revenues are reported to have gone into a fund to secure favorable legislation.

The price paid by the cult in California for passage of an initiative creating its own licensing board is said to have been close to \$65,000. And when a member of the Chiropractic Health Bureau is sued or arrested, there is no penny-pinching. The organization's own counsel, as well as a local lawyer, is rushed to the scene; experts are hired, and witnesses subpoenaed. The cost of conducting a single case—and there is no shortage of them—of-

ten ranges from \$1,500 to \$5,000. In at least one instance, it reached \$10,000.

Funds for lobbying are distributed with a watchful eye to results, if not always to ethics. The lieutenant-governor of one State in the Midwest was on the Universal Chiropractors Association payroll for years. This practical viewpoint is demonstrated perhaps even better by the attempt in 1938 of Colorado chiropractors to repeal the State's basic-science law. Needing lay signatures to have their petition considered, the brotherhood spent money liberally and got 52,000 of them.

Another time, when twenty chiropractors were arrested in Philadelphia, they turned up with the following defense counsel: one congressman, two State senators, a former civil service commissioner, a former assistant city solicitor, and two others with "connections." In New York, where the State's 1,600 practitioners are unlicensed, a local medical authority describes conditions thus: "Every year a chiropractic bill appears. A considerable amount is turned over to legislators, who see that the bill does not come out of committee—so they can make another haul the following year."

This open-handed generosity has won chiropractors a certain popularity with politicians. In some localities, the two get along like brothers. This mutual under-

standing stands a good chance of being enhanced as politics increases its influence over medicine.

One instrument through which the cult's chiefs think this may be effected is the current federal hospital program. For years, the faithful have labored without adequate hospitals of their own. They have obviously had no chance of "crashing" private institutions—and apparently don't care to organize their own. But the fact that they are taxed—like other laymen—for the support of public hospitals has provided them with the handy theory that this entitles them—unlike other laymen—to treat patients in these institutions. This is the "jimmy" by which they hope to break into hospitals built under federal grants.

In common with physicians, chiropractors are concerned over their status in the war effort. Present War Department policy holds that there are no appropriate assignments for chiropractors as commissioned officers, and that they are accordingly not eligible

for appointment in the medical corps. The War Department adds:

"Should they enter military service as enlisted men, they may be considered for advancement to non-commissioned officer grades or to specialists' ratings dependent upon the existence of appropriate vacancies."

Medical corps officers say that this restrained encouragement probably means little, since there are no "appropriate vacancies" and probably won't be any. But students of the cult are not so sure.

Already chiropractors are campaigning fervidly for commissions. Many physicians still remember the way they descended upon Congress during World War I. Their plea then was that they be accepted as Army doctors *without examination*. It was rejected.

But now, however, chiropractic is in a stronger position to enforce its demands. Its chances of securing recognition must therefore be regarded as correspondingly better than in 1917-18.

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* *Laryngoscope*, Feb. 1935, Vol. XLV, No. 2, 149-154 -
Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60

Does the Army Waste Its Medical Skill?

By

J. C. Morrison

Grating on the nerves of many medical corps officers in recent months has been their assignment to non-medical duties. Counting dishes and bed sheets, baking pies and cakes, dissecting trucks and "jeeps"—these are but a few of the non-professional duties the army has sometimes allotted its physician personnel.

As reflected in a number of letters to *MEDICAL ECONOMICS*, the chief charge of discontented officers is that such assignments are a wanton waste of valuable medical skill. The use of doctors in administrative (and even lesser) jobs, they say, is wholly unnecessary since such tasks can readily be taken over by non-professional members of the medical administrative corps. If the latter body is not large enough to free physicians from pencil-pushing, the critics assert, the logical solution is to expand it until it is.

The rebuttal by War Department officials and high-ranking officers is scarcely less vehement. They contend that a fair proportion of the administrative work delegated to doctor-officers re-

quires the skilled knowledge of a qualified physician. They add that administrative training is basic experience for all officers. And they point out that since most U.S. troops are not yet engaged in a shooting war, an "unemployed" reservoir of medical personnel is unavoidable.

Recently *MEDICAL ECONOMICS* reporters interviewed a large, diversified group of physicians in training at the Medical Field Service School at Carlisle Barracks, Pa. To present an unbiased

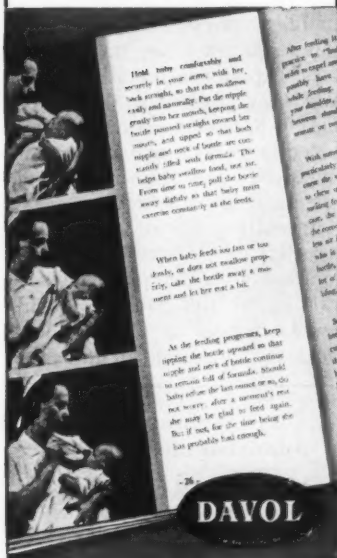
More Administrative Officers

An accelerated training program for non-professional medical administrative corps officers has been inaugurated by the War Department, according to information received at press time. To meet the demands for these officers (the need for them is the crux of the accompanying article), the medical corps has stepped up the number being graduated from 250 to 500 men a month.

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picture, ranking medical corps officers in Washington were questioned for the army viewpoint.

The general tenor of criticism indicated by the Carlisle Barracks interviews is one of qualified disapproval for the extra-professional demands of army life. Many doctors accept their new duties as an essential part of army routine; others strongly deplore present conditions and believe them remediable.

Typical comments: "I consider myself a glorified first-aider. Even in actual combat I won't be doing any medicine to speak of. Any man trained in first aid could replace 75 per cent of the medical field officers. And what good is my medical education when I have to learn about the maintenance of truck motors?"

"We have to maintain trucks, take care of supplies, even keep store. Such duties constitute three-quarters of my work. The answer is more administrative officers."

And on the other side: "I'd advise a physician called into the army to make up his mind to take things as he finds them. He'll be a lot happier. I've been practicing medicine with a pencil for a year now, but it has to be done."

"There are not enough patients at the present time to allow us to practice medicine. Anyhow, you're not only a doctor in the army. You are an officer who is responsible, among other things, for seeing that men are properly clothed and fed..." [Turn page]

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Briefly, the conversations at Carlisle Barracks brought out the following facts:

1. At present, army doctors in training are seemingly more likely to be engaged in administrative work than in medical practice.

2. Some of this administrative work is not visibly related to medicine—*e.g.*, maintenance of motor equipment.

3. A substantial minority of doctors are openly displeased with their present assignments; usually they are the men who are engaged in administrative work only remotely connected with medicine.

4. The majority accept their duties and express the hope that with (a) the beginning of actual combat, and with (b) the training of more lay officers for administrative work, their medical skills will more largely be utilized.

One medical officer theorized shrewdly that some objections to detail work may spring from the fact that medical men as a group are strongly individualistic. In private practice, he pointed out, a doctor usually hires someone else to manage necessary details.

What has the army to say of the charges leveled against it?

Said one high-ranking officer,

apparently not with tongue in cheek:

"Many of these complaints are deliberate lies, possibly started by subversive elements. No administrative work is asked of a physician which a layman could do without the equivalent of a medical education. For a short period of time, during the training period, there may be exceptions.

"Sure, there are more doctors in the armed services than can be used at present. But we're at war and we've got to look to the future and train men for army work now. You can't train a fireman when the building is burning."

Said another: "Remember that a doctor in the army is an officer as well as an M.D., and when he sometimes is assigned to administrative work it is because it is thought he can best serve in that capacity."

Official sources in the War Department put forward the following as the principal reasons why army doctors have been assigned administrative work:

1. Many duties such as the preparation and interpretation of medical reports, charts, and statistics, can be handled only by a qualified physician.

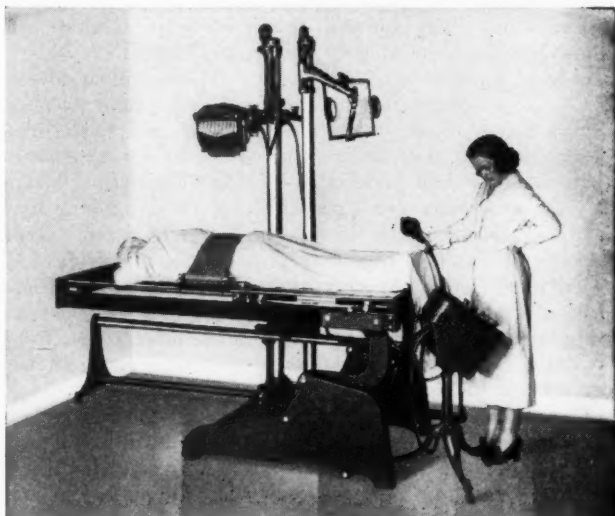
2. Army units at home have had few casualties; hence there

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is relatively little present need for medical skills *per se*, except in administrative work, part of which embraces important phases of preventive medicine.

3. The process of making an officer of a civilian physician requires intensive training in the army's administrative machinery.

One officer contended that the army's lower incidence of epidemic diseases compared with that of the civilian population—in spite of greater predisposing factors—is evidence that the military medical staff is functioning at high efficiency. Another remarked that some doctors with complaints are "disappointed and frustrated" because specialists' ratings were denied them.

Out of the welter of conflicting opinion, certain points can be established:

Since not all doctor-officers can be given desirable hospital berths, a modicum of mild discontent seems normally to be expected. Furthermore, it is evident that the army's community life, calling for the specialized techniques of preventive medi-

cine, requires many necessary administrative duties to fall to the lot of physicians. Lastly, it seems clear that though present medical corps personnel may appear to be disproportionately large, large-scale combat will change this situation.

What is not so obvious is that, except for short training periods, experienced physicians should be drafted for work completely outside their normal ken. That the War Department is aware of the need to train more laymen to assume the non-professional duties of physicians is evidenced by the increasing size of the medical administrative corps. Present indications are for greater expansion of this unit.

When major hostilities begin, there is little doubt that many of the present difficulties will automatically resolve themselves. Until then, matters might be made easier by a greater realization on the part of the army doctor that he is an officer as well as an M.D.; and on the part of the army, that he is an M.D. as well as an officer.

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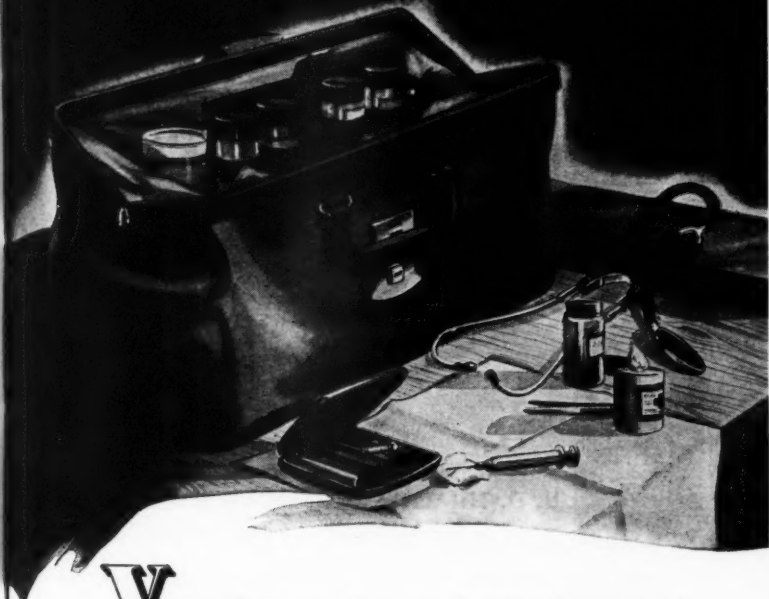
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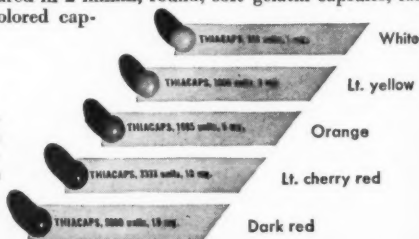
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world, the millions saved from diphtheria, smallpox, and tuberculosis are returning violently to the dust—the end result of our glorious victories over disease and death.



In the midst of Long John Finney's lecture at the academy a sudden commotion in the audience interrupts the talk. A man in the third row has yawned so prodigiously as to dislocate his jaw.

The lecturer stops, climbs from the platform, and without ado reduces the dislocation. He then walks back amid a smattering of applause.

"Before I resume, ladies and gentlemen, may I suggest that the unfortunate gentleman fortify himself against my future lectures with an appropriate stimulant, or else confine his attendance to the greater excitements of a burlesque show..."



The bright flame of patriotism kindled at Pearl Harbor and Bataan burns warmly in the hearts of invalid men and women in our hospitals. Walter Pennock, slight-

ly tremulous with excitement and a visionary gleam in his eyes, calls me aside:

"Doc, I couldn't sleep all last night, I got so worked up. Here we are rationing sugar because the army needs alcohol for munition plants, and right in this hospital we're wasting maybe a ton of sugar a month. If the boys in the front lines can give their blood, how about all the diabetics giving their sugar? Here's my idea:

"You get these diabetics to go all out spilling sugar and stop giving them this expensive insulin to keep 'em from doing it. Then a chemist just separates the sugar out. I betcha there's more sugar on this here ward alone than you can get from a field of sugar cane..."



"My sister-in-law, she's a nurse, see? Anything bothers me, I go to her, see? She don't like anybody in our family should go to a doctor without we see her first. So two years ago, I see my neck is gettin' bigger and I ask her is that somethin' to worry about? She says no, your shirts are shrinkin' tighter, that's all. So then my belly starts pushin' out and I ask her is that somethin' to

worry about? She says, didn't I tell you you was gettin' fat? Let your belt out. All the time I'm gettin' fat, I'm losin' weight, see? So I figure maybe she don't know everything."

She does not. The cervical adenopathy, the enlarged liver and spleen are all part of his Hodgkin's Disease. The treatment includes certain refinements in method beyond a change in collar size.



Mrs. Albertanti, complaining to nurse Baum of "woman's trouble," was directed to the GYN clinic, and sat there patiently awaiting her turn. Within the hour there was a brief commotion in the waiting room, and it became apparent that Mrs. Albertanti's illness had been of the self-limited variety. Her "trouble" had been far-advanced pregnancy, and her cure was not the less complete for having been effected without medical intervention.



The order for a sedimentation rate determination on patient Niemetz was misread by Nurse Dillon to mean sitz-bath. With poor Niemetz in congestive heart failure, it took considerable per-

RELAXED COMFORT

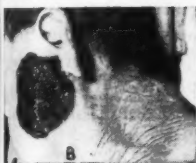
Lingering, restful relief for sufferers tormented by symptomatic itching and burning generally follows application of soothingly medicated Resinol. Free from harsh drugs, it is gentle in action and does not interfere with curative therapy. 45 years in service.

Professional sample
on request

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Resinol Chemical Co.,
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In SKIN GRAFTING



Grossly infected carcinomatous skin lesions; excision; control of infection by topical application of sulfanilamide and Allantomide. A — before excision. B — granulation ready for graft. C — healed graft.



ALLANTOMIDE *National*

**Allantoin 2% with Sulfanilamide 10%
in a Greaseless Base**

"The excellent results obtained by preparing some forty superficial wounds for skin grafting by the local use of sulfanilamide and sulfanilamide-allantoin ointment (Allantomide) has been most encouraging. The method is simple and applicable to all areas of the body."*

"By this technique a graft of almost unbelievable size can be used at one operation."*

ALLANTOMIDE is valuable in preventing and combating infection in clean or grossly contaminated wounds.

After the infection is under control following adequate debridement of the wound and the application of sulfanilamide powder, Allantomide is applied daily on fresh dressings covering the entire affected area. This stimulates growth of granulation tissue.

"The substitution of sulfanilamide-allantoin ointment for the pure powder allows a prompt resumption of the normal healing process and at the same time maintains a clean wound."**

*Veal, J. R.; Klepser, R. G.; and DeVito, Michael P. (American Journal of Surgery, Vol. 54, No. 3, Dec. 1941, 716).
**Veal, J. R.; and Klepser, R. G. (Surgery, Vol. 10, No. 6, Dec. 1941, 947).

The use of Allantomide in the following conditions has been reported.

Pyogenically infected wounds
Infected traumatic wounds
Contaminated surface wounds
Clean operative wounds
Infected operative wounds
Postoperative skin defects
Amputation stumps

Preparation of superficial wounds for skin grafting
Compound fractures
Fire burns
Scalded areas
Suppurative burns
Extensive body burns
Infected burns
Lye burns
Superficial ulcers
Chronic leg ulcers
Varicose ulcers

Diabetic ulcers
Decubitus ulcers
Localized abscesses
Furunculosis
Carbuncles
Weeping eczema
Impetigo
Pemphigus
Pediculis pubis
Vaginal secretion due to bacterial infection
Ulcerated cervix
Low grade rectal infections



ALLANTOMIDE is supplied in one ounce tubes and also in four ounce, one and five pound jars.

For literature write to The National Drug Company, 4663 Stenton Avenue, Philadelphia, Pa.

NATIONAL DRUG CO.

suasion to get him out of bed and into the tub. But orders is orders, and under protest the helpless Niemetz suffered immersion. Next morning he reported that for the first time in weeks he was feeling better, and it must have been the bath that had done it.

The error has been put straight, and the results pondered, but I have not yet adopted the sitz-bath as an adjuvant to cardiac therapy.



At the round-table discussion on transfusion preparations, Dr. Fielder explains that bovine plasma is undesirable because the beef immune bodies circulating in the blood stream may sensitize the recipient to beef proteins and produce allergic reactions to steak, bouillon, and other beef products.

I felt comforted to think that the white men who have, from time to time, gone into a cannibal's stew, did not perhaps die unavenged. Even today, of course, parts of the world are inhabited by practicing cannibals. To explorers venturing into these parts, Dr. Fielder's thesis should offer a good talking point. They need only persuade the prospective diners of the immunologic in-

compatibility of their own blood streams with long pig.



That progressive specialization in medicine has caught on with the public, can no longer be doubted. Mrs. Schreiber, frantic with anxiety, bursts into the clinic, pulling after her a frightened and bawling four-year-old. "Nursel" she pants, "where's the orthopedic doctor? Quick, show me to the bone specialist right away."

"But what's happened? Tell me what's wrong."

"Don't stand there, don't ask me. Please, before it's too late, where's the orthopedic doctor? My Frankie just swallowed a fish-bone."



It has been Akeley's habit to devise some fresh EKG artefact each time a new man joins the staff, and to ask innocently for an opinion during rounds. His last concoction involved the use in a single circuit of two men holding hands, and the unnatural issue of this deviltry he presented to young Tom Lanier, bright young fellow fresh from several years' good work in cardiology.

Dr. Lanier examined the trac-



In all cases of suspected allergy, true caution suggests complete change to AR-EX Cosmetics regime. They are pure and free from all known irritants and allergens.

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SEND
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FREE
Formulary

What therapeutic aims in hemorrhoids?

- ① Anesthesia of the exposed nerves.
- ② Hemostasis of the bleeding veins.
- ③ Decongestion of the varicosities.

Physicians meet these indications with RECTAL MEDICONE, plus regulation of the patient's habits to secure subsidence and quiescence of the process.

RECTAL MEDICONE contains 5% Anesthesin to effect prompt relief from pain. It is fortified with Ephedrine Hydrochloride to stop the bleeding and modern anti-hemorrhoidal agents required to secure retrogression and resolution.

The wide and constantly growing employment of RECTAL MEDICONE attests most eloquently to the foremost place which it has attained in its field.

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**STOPS
HEMORRHOIDAL
PAIN
WITHIN
5 MINUTES**



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When you've just been born!
YOU JUST CAN'T WAIT FOR YOUR

KIDDIE-BATH AND KIDDIE-KOOP

Priorities and material shortage have changed the shape of the world into which today's babies are born. But there are some things it may not be wise to ask a new baby to do without. For example... the healthful convenience of Kiddie-Bath bathing... the safety-screened protection of Kiddie-Koop for sleep and play. These two nursery necessities, you will agree, help perform the all-essential civilian job of

"Making The World Safe For Baby"

**The title of a 32-page booklet by Beulah France, R.N., that has helped many new mothers. We will be glad to send you as many copies as you can use in your practice.*

TRIMBLE NURSERYLAND FURNITURE, Inc.
 30 Wren Street Rochester, N. Y.



"A TIME-TRIED SENIOR-JUNIOR PARTNERSHIP"

Article reprints available

The popularity of a 1937 MEDICAL ECONOMICS article on partnership contracts led to its revision and republication in 1939 under the title "A Time-Tried Senior-Junior Partnership." To answer the continuing demand for copies, reprints have now been made available at the cost price of 10 cents each. Address: Medical Economics, Inc., Rutherford, N.J.

The article explains in detail the three fundamental types of joint-practice arrangements between older and younger physicians—the assistant association, the office-sharing plan, and the contractual partnership. The text of a sample contract is included.



ing for a casual moment, then said: "I should think there are two sinus nodes here, both acting as pacesetters intermittently and more or less independently. A queer tracing..."

There have been no Akeley inspirations since. But his discouragement is temporary. Sooner or later, Dr. Akeley will discover that Paul Lanier, the EKG technician, and Tom Lanier, the cardiologist, are cousins, and that on a certain occasion there may have been a leak of vital information.



From the arm-chair Hippocrates:

The autopsy is the last act of the clinical drama. Before it, the clinician has played the stellar role, surrounded by a cast of secondary characters. After it, he may find that though all his gestures were perfect, he has been reading the wrong play.

—MARTIN O. GANNETT, M.D.

"What Rank Will I Get?"

[Continued from page 41]

The army appears to be both amused and at times nettled by "the fact that nine out of ten doctors ask for a higher rank than they are entitled to." The general reaction seems to be that "You can't be blamed for trying to get a lieutenant colonelcy; but don't be surprised if you're turned down."

Cited by more than one personnel officer is the doctor who

engages in a bit of old-fashioned horse-trading. "So you won't make me a major?" he says to the recruiting board. "Well, that's too bad. If you fellows don't choose to play ball, I guess I'll have to join the navy where I can get the equivalent of that rank or better."

Incidentally, the rank in which doctors are commissioned as medical officers is determined by the army and navy—not by the Procurement and Assignment Service.

Check List for Doctors

[Continued from page 57]

surrendered your supply of narcotics to the local Bureau of Narcotics office? (Supplies in unopened packages may be returned to the seller or sold to another registered physician—provided the transaction is recorded on official forms.)

STAFF POSTS: Have you asked the hospitals in which you hold staff positions if your posts will be open to you on your return?

SOCIETIES: Have you notified the medical societies you belong to of your impending service? Your annual dues may be remitted. Have you notified the societies of your best mailing address?

WILL: Have you made sure your will is up to date and properly witnessed?

BUSINESS AFFAIRS: Have you given your wife, lawyer, or friend a power of attorney to transact business for you in your absence?

[Turn the page]



When dietary iron proves insufficient

In nutritional anemias, "step up" the hemoglobin index with Gude's Pepto-Mangan. It affords all the benefits of iron, reinforced by all the benefits of manganese—rendered fully assimilable by organic combination in peptonate form with partially predigested albumin. It is completely non-acid, non-irritant to gastric mucosa, and free from corrosive or staining effect on the teeth.

INDICATIONS:

For hypochromic condition in simple anemias, during convalescence, after operations or prolonged fevers, for undernourished children and elderly persons.

SUPPLIED:

In bottles of 11 fl. oz. or boxes containing 60 tablets, each separately enclosed in a safe and convenient wax-covered paper.

Each tablespoonful (15 grams) contains .2745 grams of peptonate of iron and .0973 grams of peptonate of manganese. Alcohol 16%.

Samples on Request

M. J. BREITENBACH CO.
160 Varick St.
New York, N. Y.



GUDE'S PEPTO-MANGAN

CIVILIAN DEFENSE: Have you had your name removed from the personnel lists of local emergency medical defense services?

INSURANCE: Have you made arrangements to have your insurance premiums paid in your absence? Have you investigated (1) National Service Insurance; (2) the arrangement by which the army will deduct premiums from your pay; (3) the law which prevents certain policies from lapsing for non-payment when you are in service?

TAXES: Have you computed your income for the fraction of the year just passed?

FORWARDING ADDRESS: Have you sent your new mailing address to MEDICAL ECONOMICS and to other

medical journals which you will want to continue to read?

How Many Medical Officers?

[Continued from page 45]

army will have attained a strength of about 4,000,000 men; the navy, about 1,000,000.

A spokesman for the War Department has stated that in his opinion the maximum number of civilian physicians likely to be drawn into the armed services under any circumstances is 60,000 (about 1 out of 3). This would probably be sufficient for a force of at least 10,000,000 men.

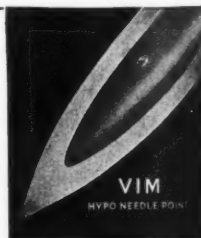
The American Medical Association has reported (April 25, 1942) a total of 181,530 physi-



Did You Say—
“Points that don’t dull,
easily?”

Yes, I said—

“Points that don’t
dull, easily.”



That's why I specify VIM . . . the needle with the point that stays sharp. Sharpness is a matter of steel . . . long-lasting sharpness comes from *cutlery* steel. VIM Needles are made from Firth-Brearley stainless *cutlery* steel.



Write VIM on the order. Banish points that dull easily . . . get VIM points, they stay sharp.

Made from Firth-Brearley *Cutlery* Steel
“The ‘Sterling’ of Stainless Steels”

MacGREGOR INSTRUMENT CO., Needham, Mass., U. S. A.

Cyclical Acne...

A Distressing Problem at and after Puberty

At puberty, the condition of a girl's skin becomes a major concern to her. At this time, too, unfortunately, many young girls are troubled by outbreaks of acne. These eruptions usually are related to the menstrual cycle. They may in fact clear up entirely between periods only to reappear before the next menstruation. Some women are troubled by such eruptions throughout the period of active gonadal function. Headache of variable severity is often associated with the acne attacks. This condition may be attributed to the relationship between ovarian activity and the sebaceous glands of the skin.

Good results have been obtained through treatment with ARMOUR OVARIAN CONCENTRATE GLANULES.



The usual dosage is one capsule three times daily for one month. After this preliminary treatment, one capsule three times daily, for seven to ten days, premenstrually, may suffice. Severe cases may require two capsules three or four times daily for prolonged periods. The ovarian pain and the irregularities in flow which frequently accompany the dermatologic manifestations may also yield to this form of therapy.

Hypertrichosis is another troublesome condition which has been benefited by OVARIAN CONCENTRATE GLANULES. Depilation may be facilitated and regrowth prevented, but normal hair growth does not appear to be affected.

OVARIAN CONCENTRATE GLANULES *Armour*



Have confidence in the preparation you prescribe. Specify "ARMOUR"

THE *Armour* LABORATORIES, CHICAGO, ILL.

cians in the United States and its dependencies. This figure obviously includes men who are retired, over-age, or physically incapacitated, plus those not in private practice and those not in active practice.

From an A.M.A. study* of 68,000 physicians in active practice in sixteen geographically diversified States, the following breakdown by military age groups has been computed:

20-34.....	21.1 per cent
20-44.....	45.0 per cent
20-54.....	68.5 per cent

Although this study was based on the American Medical Directory of 1931, it does not appear likely that the percentages of men in the various age groups have changed appreciably since that time. Col. George F. Lull of the Surgeon General's Office (U.S. Army) has stated that about 60 per cent, or 30,000, of all doctors in the age group from 27 to 36 are qualified for military service.

During the last war there are said to have been 8.7 physicians per thousand men in the U.S. Army. The ratio generally assumed today is 6.5:1,000; although at this writing the proportion of doctors is somewhat higher.

*"Distribution of Physicians in the United States."

In the British Army the ratio is reported as 4.2:1,000. This has led several observers to conclude that the proportion of medical men in the U.S. armed forces may well decline in time to, say, 5 per 1,000—especially if the size of our fighting force increases a hundred per cent or more, as now seems probable.

New Recruiting Program

[Continued from page 32]

Information about almost 100,000 physicians. Information for this file is said to have been furnished by key medical men in every State. It includes data on each of the 100,000 doctors' professional qualifications as well as on criminal, unethical, and otherwise unsavory practices of which individuals may have been guilty.

A period of fourteen days ordinarily elapses between the time an applicant for a commission takes the oath of office and the time he reports for active duty. But men who do not need fourteen days to put their affairs in order are being urged to waive the waiting period so that they may be summoned immediately.

In the event that a man wants more than fourteen days, he may apply for a thirty-day postponement.

The need for vitamins and minerals knows no season...
SPRING...SUMMER...FALL...WINTER



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U. S. Vitamin Corp., New York, N. Y.

supplies both . . . Vitamins A, B₁, B₂(G), C, D, E, and other B complex factors, fortified with eight essential minerals—in Funk-Dubin balanced

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ASK ANY BABY—HE'LL TELL YOU!

H E'LL TELL YOU with the beam in his eye and the wave of his arms that there's just nothing like Johnson's Baby Powder for soothing prickly heat, chafing, and other small-fry discomforts.

What *we'd* like to tell you is that Johnson's owes its unusual softness

and "slipperiness" to a very fine quality talc. And that a pinch rubbed between thumb and forefinger will demonstrate at once the silkiness of this fine white powder!

Johnson's has been the delightful, downy protector of babies' delicate skin for years.

Another indispensable — Johnson's **Baby Oil!** For the daily oil bath of young infants, and for frequent use on older babies, Johnson's Baby Oil is widely recommended. Bland, colorless, stainless, it will not turn rancid.

Other Johnson's Baby Toiletries: A smooth-textured, vegetable oil Baby Soap, made especially for babies. A pure, unmedicated Baby Cream, useful in helping to relieve chafing, chafing, prevent windburn.

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Send for 12 free trial bottles of Johnson's Baby Oil

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Please send me, free of charge,
one dozen sample bottles of
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In Constipation
BASSORAN
 Sterculia gum and magnesium trisilicate
Provides More Than Bulk


1 TEASPOONFUL BASSORAN



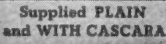
Takes up water to make
12 oz. free-flowing bulk



Equals 3¼ oz. kaolin in
adsorbent power




Provides antacid power
to relieve hyperacidity



Supplied **PLAIN**
and **WITH CASCARA**

THE WM. S. MERRELL COMPANY
 Cincinnati, U. S. A.



WYANDIDS
Wyeth's

FOR THE RELIEF
 OF HEMORRHOIDS

EASILY INSERTED.
 READILY RETAINED.

JOHN WYETH & BROTHER, INC. PHILADELPHIA, PA.

ment. As a rule, no more than two such postponements are allowed.

Complaints have been made in the past by men who were commissioned yet had to wait for long periods before being placed on active duty. The War Department recognizes the disruption this causes in a man's private affairs and is making every effort to eliminate it.

A number of physicians who apply for commissions in the medical corps report having to wait for several months before any action is taken. The army explains this as follows:

Often a doctor forgets to sign his papers. Often no proof of citizenship is presented. Often the candidate applies for a lieutenant colonelcy when he should be a captain.

When these things are called to the physician's attention, the War Department declares, he frequently delays his reply, thus in turn, delaying his commission. If blanks were filled out as they should be, or at least if requests for further information were answered promptly, the department adds, much less time would be lost between the time a commission is applied for and granted.

The Procurement and Assignment Service cautions physicians not to follow the cue of the doctor who enrolled for service, closed his office, went to Florida for a final two weeks' vacation and was there for two months before being called into active service. Says the P & AS: "If you

★ HOW RY-KRISP CAN HELP YOU ★ SAVE VALUABLE CONSULTATION TIME

In Prescribing Allergy Diets



Many doctors now use this handy Allergy Diet book. It lists allowed and forbidden foods, gives tested recipes for wheat, milk and egg-free diets. Ry-Krisp, made without wheat, milk or eggs—is a safe bread for those allergic to one or all three of these foods. Use coupon for supply of Diets.

In Prescribing Low-Calorie Diets



These Low-Calorie Diets—1700 calories for men, 1200 for women—are widely used by the profession. Ry-Krisp is indicated as bread because it has only 23 calories per wafer yet has a high hunger-satisfying value and provides bulk to aid regularity. Indicate quantity of Diets needed on coupon.

Ry-Krisp Merits a Place in America's Better Nutrition Program

The U. S. Government is advising everyone to eat a whole grain bread regularly. Ry-Krisp, made from pure whole rye, is an out-and-out whole grain bread. Yields 7 International Units vitamin B₁ per 6.5 gram wafer, is a good source of iron, copper, phosphorus, manganese. A delicious bread for all the family.



RALSTON PURINA COMPANY, 950E Checkerboard Square, St. Louis, Missouri
Please send _____ copies Low-Calorie Diets and _____ copies of Allergy Diets. No cost.

_____ M. D.
Address _____
City _____ State _____
(Offer limited to U. S.)

think you're going into the army, don't terminate your private practice until you have actually taken the oath of office."

The Procurement and Assignment Service was set up to provide a scientific method of allocating physicians, dentists, and veterinarians for service with the armed forces and on the home front. Its paradoxical and difficult job is (1) to get enough professional men for the army, navy, and other government agencies; and, at the same time, (2) to avoid disruption of the medical care of the civilian population.

It now maintains a complete list of U.S. physicians, with data regarding their age, physical condition, qualifications, and availability for service in military, governmental, civil, or industrial agencies. All such agencies that require physicians requisition them from the procurement service. Lists of available professional men are prepared and forwarded to the requisitioning agencies, and from these lists the services of the men needed are enlisted.

A particularly important activity of the P & AS has been to establish criteria for determining the availability of physicians. It also discharges an invaluable

function by keeping its master file of available doctors up to date—removing the names of men who have been commissioned and replacing the names of those rejected so that their services may be considered by other agencies.

The four principal stages in the development of the Procurement and Assignment Service have been as follows:

1. In 1940 the War Department asked the A.M.A. to make a survey of all medical personnel in the United States. The A.M.A. agreed, beginning its survey in June of that year.

2. The Procurement and Assignment Service was established on October 30, 1941.


3. The A.M.A. turned over to the procurement service duplicates of its records of about 158,000 physicians who had replied to the A.M.A. survey, plus duplicates of incomplete records that had been prepared for all physicians who did not reply to the survey.

4. On April 18, 1942, the Procurement and Assignment Service was placed under the direction of the War Manpower Commission of the Federal Security Administration.

Lieut. Col. Sam Seeley, execu

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OF SPASTIC
SPHINCTER
MUSCLES

with DR. YOUNG'S RECTAL DILATORS
A useful adjunct in the treatment of constipation. Set consists of four graduated bakelite dilators. Introduced in series as the muscles become accustomed to dilatation. Recommended for post-operative rectal discomfort. Sold on physicians prescription only. Available for your patients at ethical drug stores or your surgical house.
Set of 4 graduated sizes \$3.75.



WRITE FOR BROCHURE . . . F.E. Young & Co., 410 E. 75TH ST., Chicago, Ill.

BISODOL

After Dinner Mints...

WITH A PURPOSE

After-meal discomfort associated with heartburn, belching and acid regurgitation is a common patient complaint.

BiSoDol* tablets offer a rational and effective method of reducing gastric hyperacidity and provide temporary relief from so-called acid indigestion.

Your patients will like the ease with which these pleasant-tasting mints can be carried and used for after-meal distress. Also supplied in powder form.

*Reg. U. S. Pat. Off.

PROFESSIONAL SAMPLE SENT ON REQUEST

BISODOL

POWDER-MINTS



THE BiSoDol COMPANY, NEW HAVEN, CONN.

tive officer of the Procurement and Assignment Service, supplies this concrete example of how the service will operate when the information derived from its latest questionnaire has been added to that supplied by the A.M.A.:

"Suppose, at 8 o'clock in the morning, my office gets a phone call from the Office of the Surgeon General of the Navy. He wants fifty orthopedists with the following qualifications: male, citizen for ten years if naturalized, age between 37 and 45, graduate of a medical school recognized by the navy, has served at least a year's internship in a hospital recognized by the navy, has had training in his specialty sufficient to fit him to be a chief

of service, has expressed a willingness to accept a commission when the Nation needs him, speaks or translates Spanish, has (preferably) engaged in significant travel in the South Pacific.

"That's an order. But to fill it, we don't have to put a hundred clerks to work at fifty filing cases. The National Roster of Scientific and Specialized Personnel has tabulating machines, and we have 180,000 cards with punched holes in them. A girl presses down a key for each of the needed qualifications. The 180,000 cards are fed into the hopper. The punch holes in the cards mesh with the gears thrown in by the keys. The cards keep dropping out because they don't fit; or they travel to

IN ARTHRITIS

TWO "musts" present themselves for early consideration in every arthritic case:

(1) **Thorough Catharsis and Diuresis**

In removing all foci of infection, the colon is not overlooked — for arthritics are "invariably constipated." Occy-Crystine effects prompt and thorough catharsis—as well

as profuse diuresis, hastening the clearance of the blood stream.

(2) **Compensation for Sulfur Deficiency:** Since arthritic tissues "have lost the power to retain sulfur," a more normal sulfur metabolism may be encouraged by the administration of Occy-Crystine, which, in the presence of gastric hydrochloric acid, releases colloidal sulfur—so frequently helpful in providing symptomatic improvement. Write for samples for your own clinical trial!

OCCY-CRYSTINE LABORATORY, SALISBURY, CONN.

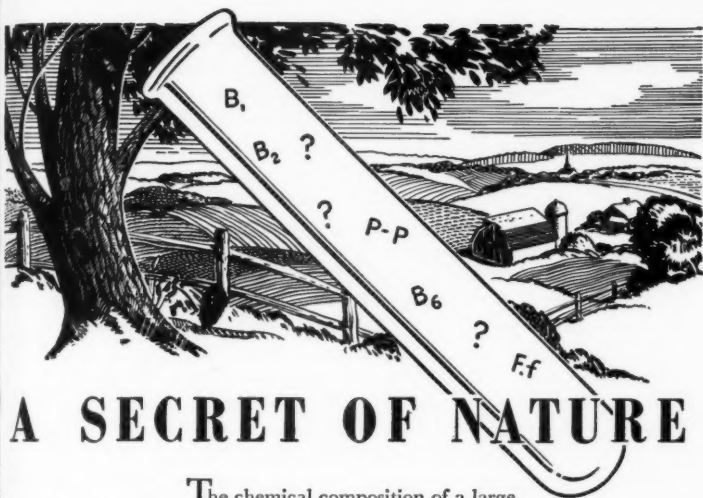
The
Specialized Saline
Detoxicant-
Eliminant

OCCY-CRYSTINE

FORMULA: Occy-Crystine is a hypertonic solution of pH 8.4, made up of the following active ingredients—sodium thiosulfate and magnesium sulfate, to which the sulfates of potassium and calcium are added in small amounts, contributing to the maintenance of solubility.

OCCY-CRYSTINE LABORATORY, SALISBURY, CONN.
Please send samples of Occy-Crystine and clinical report.

Dr. _____
Address _____
City _____



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The chemical composition of a large part of Vitamin B Complex is still one of Nature's secret formulas. Animal experiments clearly show this, and clinical results demonstrate the need for **WHOLE NATURAL B COMPLEX** in preference to mixtures of synthetic factors.

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One capsule of BEZON a day meets the full requirement of thiamin and riboflavin, together with all the other natural B factors.

Now Available: BEZON in bottles of 100 as well as bottles of 30 capsules. BEZON is made only in the distinctive two-color gelatin capsule.

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The Complete Vitamin Arch

PENDRON

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Each Pendron capsule furnishes the eight known essential vitamins in amounts which are recognized by the medical profession and governmental agencies as the minimum daily requirement for optimum nutrition. Bottles of 30 capsules—full month's supply.

Products of Nutrition Research Laboratories are promoted only through the medical profession.

NUTRITION RESEARCH LABORATORIES
4210 Peterson Avenue, Chicago, Illinois



the next place where a notch fits indicating the next requirement specified. The records of the 180,000 physicians are thus broken down automatically according to the requirements desired. Those left at the end are the ones we seek. In the hopper we have, as the net result of the machine's work, the printed names and addresses of all those who meet these requirements."

The National Roster, located in Washington at 916 G Street, N.W., is charged with the duty of preparing a complete list of all scientifically and professionally trained individuals and determining methods for their most effective utilization in connection with national needs. It will, when its work is complete, have a punch-card record of the names, locations, and qualifications of the country's specially trained individuals in more than fifty scientific and professional fields.

How long it will take to punch, sort, and tabulate the cards onto which information from the latest procurement questionnaire is be-

ing transferred cannot be closely estimated at this time. The procurement service states that it will probably take at least until July 1 to do the job, and perhaps longer.

For this reason, Lieut. Col. Seeley points out, *every* physician under forty-five years of age who has indicated his willingness to apply for a commission in the army or navy *should immediately get in touch with his State chairman*; he should not wait to be told by the Washington office to make application for active service.

One of the procurement service's worst headaches has been the failure of physicians to fill out questionnaires and enrollment blanks fully and properly. Correcting such deficiencies takes a tremendous amount of time and necessitates hundreds of follow-up letters.

Chairman Frank Lahey, of the service's directing board, gets particularly hot under the collar about this. More than one doctor who fills out a procurement serv-

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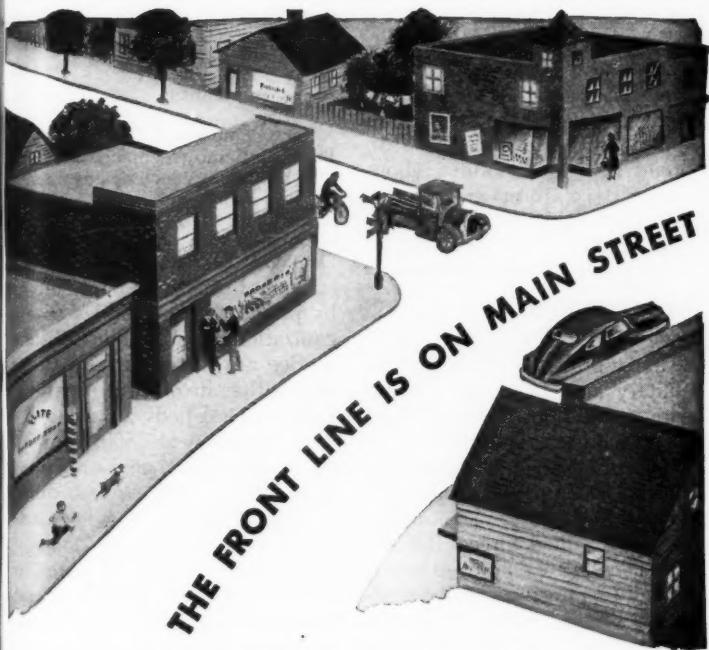
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All-out efforts for a successful conclusion of hostilities demand the hands, brains and hearts of every American. Maintenance of maximum efficiency requires a healthy, well-nourished body. Our men in the armed forces are assured of nutritionally balanced meals, but, the folks at home also need proper nourishment so that they can do

their jobs . . . so important to the men in the field.

COCOMALT, daily, is an excellent "defense" addition to meals. More and more, physicians are recommending this delicious drink for the entire family. This enriched food drink contains vitamins A, B₁, and D as well as the minerals, calcium, phosphorus and iron.

A New Clinical Study has again shown the value of COCOMALT in therapeutic diets. Have you sent for your copy of "The Use of a Malted Food Preparation as a Dietary Supplement in Pulmonary Tuberculosis"?



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ice blank, says he, appears to be "in need of a sedative and a hot-water bottle. He assumes that he can sit back and that the procurement service will shoulder his responsibilities for him. He's so proud he knows nothing about business [*i.e.*, forms and blanks] that the world has come to believe him!"

Hospital Shortages

[Continued from page 56]

30 and a probable 150,000 within military age. It is evident that with institutions already short some 15.8 per cent of their needs for nurses—in round numbers almost 18,000 graduates—they cannot be expected to contribute nurses to the armed forces. But the 100,000 who are employed in private-duty nursing offer a practical reservoir to satisfy both the military and the added institutional needs. Fully half of these private-duty nurses are of military age. Since married nurses are not acceptable for military service, it would be a happy solution if they were used to replace the unmarried nurses going from institutional into military service.

OTHER TECHNICAL PERSONNEL

Other shortages of trained non-medical personnel for civilian hospitals were revealed by the Pub-

lic Health Service survey. Specifically, the shortages were as follows:

Nurse anesthetists.....	479
Dietitians	550
X-ray technicians.....	422
Physical therapy technicians.....	292
Other laboratory technicians.....	691
Medical social workers.....	267
Medical record librarians.....	311
Occupational therapists.....	247
Dental hygienists.....	58

Of these the only ones shown by published army tables of organization as required in military service are dietitians; and these only at the rate of three per thousand hospital beds, or about 1,050 for an army of 7,500,000 men. All other technical personnel used by the military forces are normally drawn from the regularly enlisted force. Hence the hospital problem here is largely limited to meeting existing shortages and perhaps to counteracting inroads from industry.

RELIEF OF SHORTAGES

The methods by which we can attempt to relieve these obvious shortages of personnel are various. A speed-up in the supply of physicians is to be achieved by elimination of the Summer vacation in medical schools, thereby permitting completion of the undergraduate course in three instead of in four calendar years. This accelerated program has

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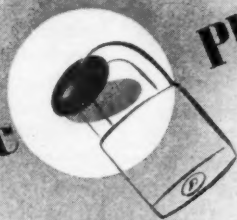
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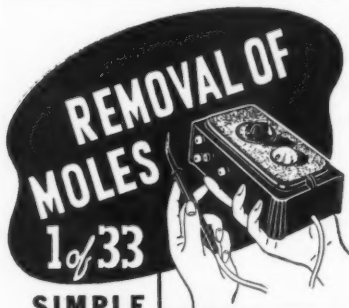


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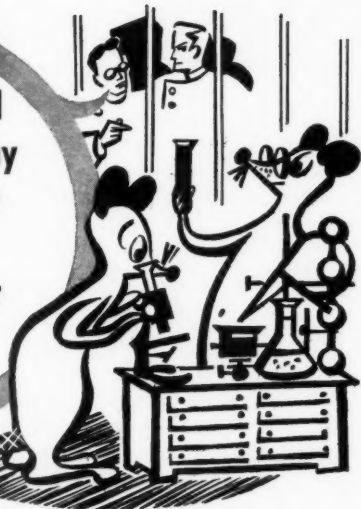
been adopted by nearly all medical schools in the country, but its effects will not become evident until February 1943. If the army continues its policy of permitting completion of internship before the call to active duty, the net effect will be to reduce the pressure on internes, rather than to increase the supply of doctors available for military purposes.

The shortage of physicians has not yet become really acute. At present, however, it is forcing some older men who have limited their practices—either in size or in type—to take over a certain amount of general practice relinquished by those who have entered military service.

As the shortage of physicians and residents becomes more acute, there is almost certain to be a wider delegation to nurses of procedures formerly reserved to physicians. Hospital nursing departments are already preparing to meet this added load by revision of procedures, by the more general use of semi-trained subsidiary workers, and by increases in the number of pupil nurses.

Certainly much time can be saved by simplification of procedures. Patients will learn to do without some of the peacetime niceties. The most promising suggestion, perhaps, for quick relief of the nursing shortage is a drastic cut in the number of nurses allowed to do private duty. It is quite generally acknowledged that half the private-duty service cannot be called anything but

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Harrison, N. J.

luxury nursing. While it is entirely legitimate in peacetime, it is indefensible under present war conditions.

The use of semi-trained subsidiary nursing personnel in hospitals is already a definitely established procedure. It has been shown by experience that fully half a bedside nurse's time is used in duties that could be satisfactorily performed by less well trained women under supervision of graduate nurses. The Federal Security Administration, in cooperation with the National League of Nursing Education and the American Red Cross, is fostering a plan for the training of 100,000 volunteer nurses' aides. Upon completion of training, these volunteers are obligated to serve at least 150 hours per year in hospitals. But at this rate it would require fifteen of volunteer aides to equal one full-time aide; thus the program does not promise a great deal of help.

The effort to increase the number of pupils in training has already been in effect for some months. The opinion of nurse ed-

ucators seems to be that it will not be possible to increase the total enrollment of pupils much more than 10 per cent, or about 9,500. But at least after her first three months a pupil nurse can be considered fully as efficient as a full-time aide or, as previously noted, equal to fifteen volunteer aides.

As far as other technicians are concerned, hospitals generally are offering training to an increasing number. But there is no definite evidence yet of any materially increased number of applicants. In attempting to secure lay workers, hospitals find themselves in direct competition with industry. The principal effort to date has been study of methods with a view of eliminating all non-essentials and the substituting of female workers for male workers where feasible.

Altogether it is the nursing situation which is most immediately alarming. Simplification of procedures and the use of subsidiary workers are two steps which will help hospitals meet the situation. But there is a chance they will

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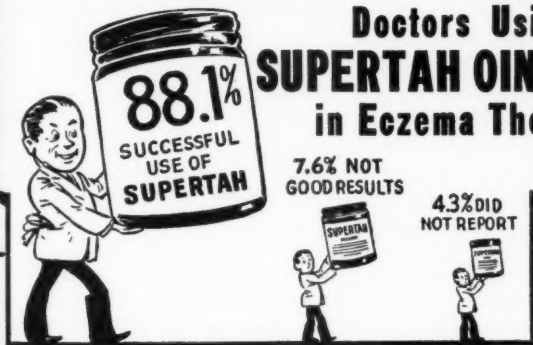
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It is significant that 88.1% of that number reported securing "good results" from their use of SUPERTAH! — the new white, non-staining ointment prepared from a crude coal tar concentrate and uniformly milled in 5% and 10% strengths. 4.3% did not respond either way, 7.6% reported not having secured good results.

*These reports of physicians vigorously confirm the clinical findings of the dermatologist, J. H. Swartz, M.D., and his co-worker, M. G. Reilly, R.N., who say of SUPERTAH Ointment: "It has proven as valuable as the black coal tar preparation and the advantage of the diminution of the black color is perfectly obvious. It does not stain the skin or clothing, nor does it burn or irritate the skin."**

SUPERTAH Ointment (Nason's) is packaged in original 2 oz. jars, either 5% or 10% strengths, and ethically distributed through leading prescription druggists.

*Swartz & Reilly, "Diagnosis and Treatment of Skin Diseases", p. 66

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not be enough. The problem of duties formerly reserved for doctors can best be faced by training a small group of nurses in each hospital for these more technical jobs.

The history of nursing has been one of continually inheriting added procedures from physicians as the progress of medical science has added new procedures for the doctors themselves. The nurse-anesthetist has amply demonstrated the logicity of this, so it is reasonable to expect the development of other new groups of nurse specialists.

How far any of these remedies will be applied depends of course on the duration and extent of the war effort. Neither physicians nor hospitals have ever yet failed to meet the needs of a crisis, and it is quite certain they will not fail in this one.

How Do You Say It?

[Continued from page 47]

to collect. Her tone was always petulant and fault-finding, as though we had deliberately caused her trouble by sending the patient to her office. She seemed to imply that it was up to us to help her track the scoundrel to his lair.

It seemed to mean nothing to her that for every such troublesome patient, we had sent her at least ten who were prompt payers. As a result, it was little wonder that we finally sent our cases where they were more fully appreciated.

I disliked her methods so much that I checked up on myself to see if I was like her. I found that I was not always blameless in like circumstances. So I worked out a very careful approach for use when I had to call other offices for information about delinquent patients who had been referred to us.

Now I say that I have lost track of the patient, and wonder if they can give me any recent data as to his whereabouts. I add that I am sorry to be a bother. I am careful never to imply the least blame either to the referring physician or to the patient. If, as sometimes happens, the other office replies that they too have lost track of him, that he was a dead-beat of the lowest order, and they regret having involved us, I always minimize the circumstance by saying that it rarely happens: "We scarcely ever have any trouble with any patient *you* send us. They can't be 100 per cent *all* the time." [Turn the page]

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and Nerve repair and Fallopian Tube reconstruction.

Further information is contained in the four reports listed below—reprints of the first three furnished on request. Correspondence is invited on the use of Insultotic Membrane.

The Curity Suture Laboratories have been gratified at this opportunity to collaborate with surgical research investigators in the development of Insultotic Membrane, a notable aid to optimum surgical end results.

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Chicago

Undoubtedly it can be assumed that people like us when we praise them and appreciate what they do for us. They don't like us when we blame them; and if they don't like us, they'll soon begin to avoid us.

Sometimes, unfortunately, the secretary's incivility is really a reflection of her doctor's attitude. I'm not advocating the smooth and oily manner. We naturally mistrust the man who is too suave. But surely a doctor can be honest, sincere, and forthright—without discarding courtesy.

How many times have you encountered a confrere like the brilliant young doctor who occasionally calls our office and peremptorily shouts, "Dr. Barrie!" into the phone? Not "May I speak to Dr. Barrie?" Not "Dr. Barrie, please." Not even "This is Dr. Denton calling Dr. Barrie," (which is perhaps the correct form). But just "DR. BARRIE!"

A tiny straw in the wind, I'll concede. But if he doesn't take care, all his brilliance won't keep him from falling behind another physician in our community—a man who is only a conscientious plodder, but who is thoughtful and kind and with the charm of good manners.

I think every doctor's secretary

should have the experience of being a patient herself. If you've ever been miserably ill and frightened and called a doctor, only to have a business-like voice inform you that he can't possibly see you until a week from next Thursday, you'll know what I mean. The voice further informs you that he's too busy, and implies that you are asking a preposterous favor. It's enough to make you run to the nearest chiropractor. He at least will be glad to see you; he will treat you with sympathy and deference; and he probably won't have a secretary.

Needless to say, refusals to see patients are sometimes necessary; but at least they can be couched gently and tactfully; and some solution can be promised or suggested. The need for courtesy is especially great over the phone, where your voice alone can convey your meaning.

Sometimes I wonder if physicians realize how much the right secretary can do toward building good will. Isn't it true that there are some people and offices you always like to call, some that you always vaguely dread to call?

"Listen mightily," and you'll soon conclude that it's a matter of *how* they say it, rather than *what* they say.

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DEVELOPED after four years of intensive research in the famous Mellon Institute, Heinz Junior Foods are an important "transition" diet between strained foods and family meals. For these delicious, *unstrained* dishes encourage babies to use their teeth, provide the hearty nourishment needed during a period of rapid growth, and help protect the toddler's delicate digestive system from many common upsets often caused by excessively coarse particles.

Special Nutritive Elements Added

Prepared by methods that retain vitamins and minerals in high degree, these foods are—in some instances—made even more nutritious by the addition of ingredients such as wheat germ, soybean flour and brewers yeast. All 12 kinds have received the Seal of Acceptance of the American Medical Association's Council on Foods.

You'll find that the runabout babies in your care enjoy the tempting flavors of Heinz Junior Foods! And mothers appreciate their convenience . . . recognize their outstanding *quality!*



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FOR BABY



HEINZ JUNIOR FOODS



[AND THIS, DOCTOR, IS WHAT I SHOWED SAINT PETER!]

● LAST NIGHT, DOCTOR, I dreamed I went to Heaven and found St. Peter sitting at the gates.

"Hello, Swanny," he said. "You want to come in?"

"Yes, please," I said. "And here are



my papers. I hope they'll bear out my claim that on earth I was pure, mild, gentle, and good to little children."



St. Peter studied the papers for a minute.

"Don't see how you could have been any purer," he said. "You certainly were good to children—and their parents too. Go on in. Get your harp and halo over there—I guess there's no need of fitting you with wings!"

If you'll be St. Peter for a moment, Swan's papers will show you this: there is no purer soap than Swan. It has no harmful alkalis—no free fatty acids—no



coloring matter—no strong perfumes. Tests have proved it milder than the finest imported castiles. Try Swan today.

SWAN PURE, WHITE SOAP

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The Newsvane

M.D.'s Teach Patriotism

Physicians in Jackson County, Mo., recently paid for a full-page Kansas City newspaper advertisement calling for an end to selfish delays in war production. Said the advertisement in part:

"For the safety of our armed forces and for the safety of America, we ask Congress to prohibit selfish groups, whether they represent capital or labor, from hindering or stopping desperately needed production. Shall we weigh the lives of our boys against the demands of labor for a few extra dollars of wages or the demands of capital for a few extra dollars of profit?

"Tell them to repeal whatever present laws, regulations, or contracts there are that hinder war or civilian production. Let's be patriotic ourselves and demand it of others. Let's win the war!"

Doctors' Tire Troubles

Doctors are the principal victims of what apparently constitutes systematic automobile tire thievery, according to reports from several parts of the country. The thieves are apparently pro-

ceeding on the theory that physicians' tires are likely to be in better-than-average condition. One New York City doctor, wearied of the theft of tires from his car, has installed a burglar alarm system which sets off a siren whenever anyone tampers with his tires.

Criticizes Draft Exams

Criticizing the Selective Service System's "coarse screen" method of preliminary physical examinations for draftees, the American Journal of Psychiatry has warned that the army may find that it has inducted numerous men likely to become neuropsychiatric casualties under battle stresses.

The journal asserts that army induction boards usually lack the local knowledge which can aid in identifying potential neuropsychopaths. "It is highly doubtful," the journal adds, "that a sufficient supply of trained psychiatrists exists to provide suitable examiners for army induction boards."

Army Modifies Standards

The army's physical standards have been modified to set up a

new classification, Class 1-A (suspended), for men with remediable disqualifying defects. Listed as examples of conditions which usually can be corrected are nasal obstruction, hernia, nutritional deficiency ailments, and dental defects.

The other physical classifications are: Class 1-A, qualified for general military service; Class 1-B, qualified only for limited military service; and Class 4, physically unfit for any military service.

Under the new regulations, up to three days of hospitalization will be provided for men whose physical fitness for military service cannot be determined without hospital study. Men who weigh over the standard may be classified 1-A if the overweight is not so excessive as to interfere with military training; and certain persons who had been classified as 1-B because of vision may be classified as 1-A with the specification that they serve in noncombatant branches. It has also been announced that fixed and removable bridges and par-

tial or full dentures will be accepted in lieu of natural teeth.

Prohibits Night Visitors

Revealing that as many as 6,000 visitors often call at New York's Bellevue Hospital in a single night, City Hospital Commissioner Edward M. Bernecker has abolished evening visiting periods at the twenty-seven local municipal hospitals. Staffs will thus be able to give full attention to casualties resulting from night air raids, Dr. Bernecker said.

M.D. Impersonation

A onetime X-ray technician, Charles Kiernan, 37, was recently arrested by the Federal Bureau of Investigation on charges that he had simultaneously impersonated a physician and a naval officer. It was reported that, identifying himself as "Dr. Charles A. Kerner," he had talked physicians into believing him a qualified practitioner and a lieutenant, junior grade, of the Naval Intelligence.

So persuasive a talker was he that when one doctor went to

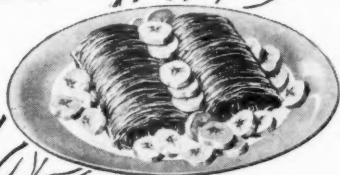
QUICK REVIEW OF SCALP HISTOLOGY, PHYSIOLOGY and PATHOLOGY

This useful textbook calls your attention to the relation of hair and scalp conditions to general diseases... diagnosis and treatment of scalp and hair conditions... use and application of the Parker Herbex method. If you do not have a copy, you can receive one free and postpaid by writing to PARKER HERBEX CORP., 607 Fifth Avenue, New York, N.Y. (Dept. ME)

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Energy Food For Wartime Nutrition



This good source of Vitamin B₁ as Nature provides it

"Every day, at least one whole grain food," advises the Committee on Foods of the National Research Council.

Here is a truly whole grain food, made of 100% whole wheat and not highly milled, toasted in slender strands for easy digestibility. Nabisco Shredded Wheat supplies *all* the energy of whole wheat and, in addition, is recognized as a good source of Vitamin B₁ as *Nature provides it*.

The keen, toasted, nut-like flavor of Nabisco Shredded Wheat "wears well," and in many homes it is a standard breakfast. With milk and berries or fruit it affords a well-rounded supply of nutrients—vitamins, minerals, carbohydrates and proteins. Yet it is not too hearty a morning meal even for sedentary workers.

In recommending Nabisco Shredded Wheat, recognized for more than 45 years as an ideal whole grain cereal, it is well to mention the full name, Nabisco Shredded Wheat, which is the original Niagara Falls product.



Baked by NABISCO
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Florida, Kiernan was left in charge of the physician's practice and office. For three months the technician carried on his impersonation successfully. Artful enough to study medical books and to refer patients elsewhere if he considered their ailments too complicated, "Dr. Kerner" gave his patients physical examinations and treatments. His office receipts ranged from \$300 to \$400 a week.

Once a woman patient phoned to report she was having labor pains. He sent her to a maternity hospital and went there himself, apparently prepared to supervise the baby's arrival. The superintendent barred him because he could not produce a license.

To Re-locate Civilian M.D.'s

Drafting of doctors for civilian service in war industry communities is a definite possibility, according to Assistant Surgeon General Joseph W. Mountin of the U.S. Public Health Service. Mentioning Valparaiso, Fla., Hinesville, Ga., and Bremerton, Wash., as cities with insufficient medical

manpower, Dr. Mountin told a recent conference of Government officials and industrial hygienists that medical services are inadequate in many such war production centers.

He said the PHS had sent hundreds of doctors, as well as nurses and dentists, to industrial areas but added that a serious need still exists in many communities. Among the examples cited by Dr. Mountin were several towns of 6,000 population with but one or two doctors apiece.

Higher Fees in Britain

To keep pace with the skyrocketing cost of living and to help offset higher professional expenses, an increase of 20 per cent in physicians' fees has been advocated by the British Medical Association. Physical examination fees have been increased \$1 by English life insurance companies. The new fee is \$6.

Priorities on Babies

Childbirth comes under the heading of "production of war materials," an Alabama physician



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Clinical Usefulness



Skin Diseases: Ultraviolet radiation acts specifically on lupus vulgaris and often has a beneficial effect in such conditions as acne vulgaris, eczema, psoriasis, pityriasis rosea and indolent ulcers.

Surgery: Sluggish wounds that do not heal or are abnormally slow in healing may respond favorably to local or general irradiation.

Care of Infants and Children: The prophylactic and curative effects of ultra-violet radiation on rickets, infantile tetany or spasmophilia, and osteomalacia are well known.

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LAMP**

told his rationing board in asking a permit to purchase a new car. In a recent month he reported that he had attended thirty-one births and had to miss several others because of transportation difficulties.

"I believe this service is war production, maybe not for this war but for the next one," the doctor added.

Johnson on Medical Fees

Personal experience lent strength to the voice of General Hugh S. Johnson when in one of the last syndicated columns he wrote before his death he spoke out for income tax deduction of major medical expenses.

Under a Treasury Department proposal, unusual expenditures for medical attention above a certain percentage of total income would be deductible in computing income for tax purposes. General Johnson termed this "an intelligent, noble change" that should be adopted without obstruction. Said he:

"It never rains but it pours," and of late your correspondent

has needed the most expensive kind of medical care both for himself and his family. It has been an eye opener which the doctors frankly recognize as a kind of curse.

"Much of this kind of treatment is just too expensive to be paid for by many taxpayers. This is due to no greed in the medical profession. Most good doctors give an astonishing proportion of their time to free clinics, but in all too many instances the mere items of medical supply and hospitalization have to be paid for by somebody and facilities for this are grossly inadequate."

CCC Immune

The lowered incidence of communicable disease in the army, as compared to 1917-18, may be due to the "reservoir of immunity supplied by Civilian Conservation Corps men in the service." So testified an Army physician recently before a Senate committee considering the abolishment of the CCC.

CCC members as a group, he contended, have become highly

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Prescribe Glyco-Thymoline to help cleanse, soothe and heal irritated and inflamed mucous membrane and temporarily reduce disagreeable odor of leucorrheal discharge. Glyco-Thymoline also helps to control annoying pruritus.

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immune to the diseases which prevail among troop concentrations: measles, mumps, scarlet fever, and cerebro-spinal meningitis. He estimated that 10 per cent of the men who registered in September 1940 had seen service in the CCC.

Rejection Statistic

Eye and dental defects accounted for more than one-third of the physical rejections among the first 2,000,000 registrants examined for military service, the Selective Service Research and Statistics Division has reported. The finding is based on a sample analysis of the medical records of 19,923 registrants between the ages of 21 and 36.

Microfilm Service

A letter of request will now bring to a physician's desk within a few days a microfilm copy of any specific medical journal article or medical book extract available at the Army Medical Library, Washington, D.C. Individual requests for such material are being filled by the library through its recently organized Medicofilm Service.

Colonel Harold W. Jones, M.C., librarian of the Army Medical Library, describes as follows the three principles on which the service operates:

"One is the prompt filling of orders; another is the elimination of bookkeeping, using cash transactions as far as possible, with a uniform price [less than

LIQUID BULK Efficiently Irrigates Parched Valleys...



... Effectively Flushes "thirsty" Intestines

Sal Hepatica, taken with plenty of water, is particularly indicated in constipation due to insufficient water intake. The solution of Sal Hepatica, through osmotic equilibrium, forms *liquid bulk* in the "arid" intestines for gentle flushing of the bowel and activation of peristalsis. Mildly alkaline Sal Hepatica often alleviates simple gastric disturbances and brings about an increased bile flow.

Sal Hepatica and water yield an effervescent drink of marked palatability.



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half a dollar] for all orders up to thirty pages; the third is care in photography and willingness to serve the individual as a person."

Microfilms are supplied in strips which are usually one to two feet in length. The film may be read through an inexpensive reading machine, or even with a low-powered microscope.

Selective Service M.D.'s

More than 28,000 physicians had enrolled for work in various capacities under the Selective Service system by early in 1942, the trustees of the American Medical Association reported recently.

Careless Wassermanns?

Investigation of alleged laxity in pre-marital health examinations has resulted in suspension of three New York City employees, a warning to the medical profession, citation of one physician to the State Department of Education's committee on professional conduct, and a counter-charge of persecution by the accused doctor.

The inquiry is reported to have disclosed evidence that numerous marriage license applicants were passed with perfunctory blood tests and without complete physical examinations as required under State law.

According to the accused physician, the charge that he had failed to give complete examinations was "a laughing-stock—if I'm guilty of that, a lot of others are, too."

Pharmacists in the Army

Pharmacists, as such, are not being recommended for appointments in the medical department of the Army of the United States, the War Department has announced. If they enter the military service, either through enlistment or induction, they will doubtlessly be assigned to the medical department for duty, in which, as *enlisted men*, they may be considered for specialists' ratings as pharmacist or selected for attendance at an officers candidate school in order to qualify for appointment as second lieutenants in the Medical Administra-


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tive Corps. In the latter capacity there is little assurance that they will necessarily be assigned to duties related to pharmacy.

Britons Eat Seaweed

That Britain is making use of all available food supplies was indicated in a recent discussion in Parliament which revealed that seaweed was being eaten by persons living in coastal areas. A Food Ministry official announced that the food value of edible seaweed was not sufficient to justify widespread distribution.

OCD Corrects Handbook

The medical division, Office of Civilian Defense, has corrected an earlier recommendation for decontamination of eyes after exposure to Lewisite or mustard gas, as contained in the OCD handbooks, "First Aid in the Prevention and Treatment of Chemical Casualties" and "Protection Against Gas."

A 2 per cent solution of hydrogen peroxide is too strong, OCD points out, recommending instead a single instillation in the eyes of a 0.5 per cent solution of hydrogen peroxide as soon as possible after contamination.

Specialty Boards Opposed

Sharp criticism was recently directed by the Norfolk district of the Massachusetts Medical Society at the proposal that recent graduates be permitted to continue specialty training. The recommendation was made by the

For Safe Salicylization in Colds and Influenza

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Natural salicylates in 1:2 ratio
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Therapeutically rational, well-borne even in heroic dosage, Alysine offers a preferred method of salicylization in the treatment of respiratory affections and the arthritides.

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Alysine is a valuable adjunctive medication to sulfanilamide and sulfathiazole in the treatment of influenza or la grippe. It provides a desirable alkaline factor, and helps relieve the muscular aches and pains that accompany most cases.

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Digestive secretions are frequently retarded in convalescence. Where the condition permits, both appetite and the assimilation of foods may be greatly improved by the administration of Angostura Bitters (Elix. Ang. Amari Sgt.). The gentian content of Angostura effects a considerable increase in digestive secretions.

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Advisory Board for Medical Specialties and the Council on Medical Education and Hospitals of the American Medical Association. Said the Norfolk Medical News:

"This attitude of 'business as usual' is not consistent with an all-out war effort. The army, navy, and air force do not require diplomates in obstetrics, pediatrics, or gynecology. They want men to treat casualties and diseases resulting from war; they need them *now*."

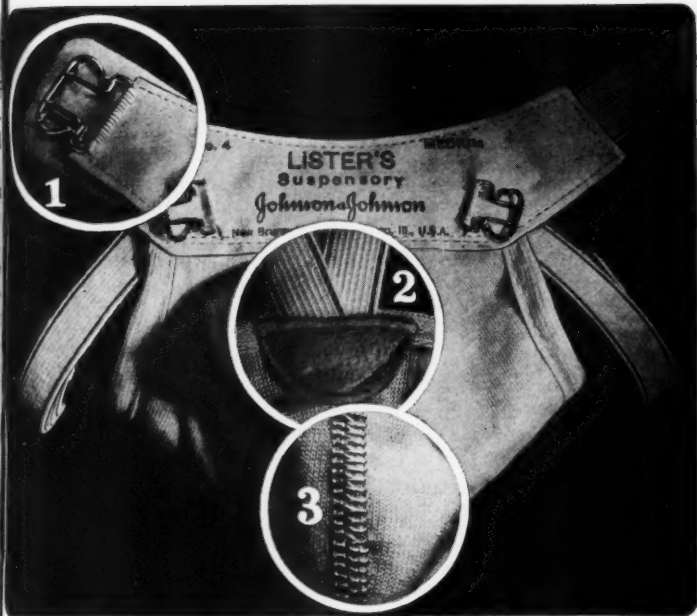
"Deferment of certain young physicians for specialized training may keep the specialty boards in operation, but may adversely affect the morale of young physicians who must cut their education short. Unless the war is won there may be no need for specialty boards. The functioning of the boards should be suspended for the duration of the war."

Vitamins Are Groceries

Vitamin capsules are food constituents and may properly be sold by grocers as well as druggists, the Indiana Appellate Court has ruled in deciding a test case brought against the State pharmacy board by a chain grocery company.

G.P.'s Section

A section on general practice within the American Medical Association meets for the first time this month at the Atlantic City convention. Authorized as an experiment at the 1941 meeting, the



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section's official title is "Sessions for the General Practitioner, Section on Miscellaneous Topics." Secretary of the new body is Dr. Wingate M. Johnson, editor of the North Carolina Medical Journal.

Medical Center Reports

At least 600,000 patients have been treated in the last decade at the medical center jointly operated by New York Hospital and Cornell Medical College. Among other facts revealed in a recent report:

During a typical year the center spends \$4,500,000 for the care of patients who pay in return \$3,200,000. In ten years, 35,000 babies have been born there, and 72,000 have been treated. Six hundred and fifty doctors and 300 nurses have been graduated, and 1,400 physicians have received graduate training.

Impoverished Examiners

The Medical Society of New Jersey recently refused support to a proposed law requiring the State's 5,000 physicians to contribute \$2 a year each to finance the State Board of Medical Examiners. The board itself favored the plan.

Said Dr. Samuel Barbash, board president: "We have only \$41

cash on hand and we have a secretary, stenographers, and investigators to pay. We can't finance the prosecution of persons who practice medicine illegally. We are much opposed to asking the legislature for money."

Opponents argued that since State examiners serve the public rather than the medical profession, the cost should be borne by taxpayers as a whole.

Windshield Emblems

Bearing only the word **PHYSICIAN** and a white cross emblem, decalcomania transfers for use on automobile windshields are currently being offered to doctors without charge by the Van Patten Pharmaceutical Company, Chicago, Ill.

Scientific Imposter

Posing as a refugee laboratory assistant, a middle-aged imposter with a rare skill for arousing sympathy has recently defrauded medical schools and scientific laboratories in widely separated parts of the country. Excerpts from a warning circulated by several Johns Hopkins professors:

"Giving the name of Henry Calvin Van Dycke, this man appeals to laboratory people, particularly biochemists and bacteriologists, asks for temporary work,

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and accepts loans of money. He is thoroughly trained in laboratory techniques, is well grounded in theory, and is remarkably familiar with the literature. He is a new type of hobo who finds researchists unsuspicious and easy dupes for a few dollars."

Van Dycke is described as between fifty and sixty years old, about 5' 5" tall, and slightly stooped. He speaks German and French fluently, and has an excellent command of English, which he speaks with a German accent.

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The pamphlets have several unique advantages: They're brief—only about 900 words long. They're carefully worded to reflect the best professional ethics. They're comprehensible to anyone. And they're inexpensive and convenient to use. No commercial or other imprint appears on them except the copyright notice in small type. They measure 6" x 3 1/3" and have two folds. A sample is yours for a three-cent stamp.

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